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COVER LETTER

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TO:

TO: Registration S Division of Co			
Mrs. Bent SUBJECT:	ley's Desserts LLC.		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Nathaniel Bentley		
		Name of Person	
		Firm/Company	
	9725 Peabody Dr. N		
	Jacksonville, Fl 32221	Address	
		City/State and Zip Code	
	mrsbentleysdesserts(d)gmail		
	E-mail address: (to be used for future annual report notifica	ition)
For further information	concerning this matter, please c	all:	tion)
Nathaniel Bentley		904 955-8807 at ()	
Name	of Person	Area Code Daytime To	elephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre Registration Division of O P.O. Box 63	Section Corporations	Street Address: Registration Section Division of Corpo The Centre of Tal	rations
Tallahassee.		2415 N. Monroe S	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Mrs. Bentley's Desserts LLC.		
(<u>Name of the Limited Liability Company a</u> (A Florida Limited Liab	as it now appears on our records.) ility Company)	
The Articles of Organization for this Limited Liability Company we	re filed on <u>01-19-23</u>	and assigned
Florida document number L23000035719		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	,
The new name must be distinguishable and contain the words "Limited Liability C	Company "the designation "LLC" or t	No alphanointing at 1 C "
·	company, the designation. The third	ic active viation - 15 th.C.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
	•	(
P. 4		51 33
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
_		<u></u>
		= ::
B. If amending the registered agent and/or registered office add	ress on our records, enter the i	name of the new registered
agent and/or the new registered office address here:		
		: -
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid:	1
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Nathaniel Bentley	9725 Peabody Dr. N	■Add
		Jacksonville, Fl 32221	□Remove
			□Add
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			[]Change

Effective date, if other than the date of filing:			<u>_</u>
Effective date, if other than the date of filing: (optional) If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 605.0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the rd is filed.			
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Filing Fee: \$25.00

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