## L23000088518

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## **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Cor			
Box Cake SUBJECT:			
SUBJECT.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Jessica Rodriguez		
		Name of Person	
		Firm/Company	
	840 S Park Road		
		Address	
	Hollywood, Florida		
	AllAboutCubeCakes@gma	City/State and Zip Code	
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c		
Jessica Rodriguez		786 370-6378 at ()	
Name o	f Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addre		Street Address:	
Registration Division of C		Registration Se Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Box Cake		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our red d Liability Company)	ecords.)
the Articles of Organization for this Limited Liability Compariorida document number L23000088518	ny were filed on 2/20/2023	and assigned
This amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited lia	ability company here:	
All About Cube Cakes LLC		
the new name must be distinguishable and contain the words "Limited Lia enter new principal offices address, if applicable:	ability Company," the designation	2023 SEC T.A.
Principal office address MUST BE A STREET ADDRESS)		FS MAY TO
inter new mailing address, if applicable:		PH D
Mailing address MAY BE A POST OFFICE BOX)		. 57
<ol> <li>If amending the registered agent and/or registered offic gent and/or the new registered office address here:</li> </ol>	e address on our records, <u>er</u>	nter the name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		, Florida
		le leveration

## 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 Changing Registered Agent, Signature of New Registered Agent

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
			□Add
			□Remove
			□Change
			□Remove
			□Change
			□Add
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			□Change
			□Add
			□Remove
			□ Change

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Effect	ive date, if other than the date of filing:
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as
	nent's effective date on the Department of State's records.
recor	d 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
d is fi	
	February 27 2023
Dated	February 27 2023
	February 27 2023
	Sendary 27  2023  Sendary of a member or authorized representative of a member

Filing Fee: \$25.00