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COVER LETTER

TO:

Registration Section
Division of Corporations

Braylit Tec	:h LLC		
SUBJECT.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Nicole Easter		
		Name of Person	
	Braylit Home Baked LLC		
		Firm/Company	
	888 Tamarack Ave		
		Address	
	Tallahassee, Florida 32303	3	
		City/State and Zip Code	
	sales@braylithomebaked.co		
		to be used for future annual report not	ification)
For further information of	concerning this matter, please c	all;	
Nicole Easter		850 566-5754	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ne 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 Address Registration S Division of C P.O. Box 632 Tallahassec, I	Section forporations 7	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	porations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Braylit Tech LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability (Company were filed on 3/20/2023	and assigned
Florida document number L23000141816	<u>_</u> .	
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
Braylit Home Baked LLC		
he new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		. <u>.</u>
<u>Principal office address MUST BE A STREET ADDI</u>	RESS)	
		25
		72, [
Enter new mailing address, if applicable:		. Ť
Mailing address MAY BE A POST OFFICE BOX)		7
Taking address MITT BE AT OST OFFICE BOXY		<u> </u>
		جَدِ جَدِ
3. If amending the registered agent and/or registered	d office address on our records, enter the	<u>الرا</u> مصحب - 1925 - محسد - الرا
gent and/or the new registered office address here:	d office address on our records, enter th	e name of the new regist
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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
			□ Add
			□Remove
			Change
			🗀 Remove
			□Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date in Notes. If the date in the second district the seco	ie date of filing: ust be specific and canno	ot be prior to date of	filing or more than 9	(optional)) -) Pursuant to 605 02
vote: If the date inserted in this	block does not meet t	he applicable statu	tory filing require	ments, this date	will not be listed
document's effective date on the	Department of State's	records.			
manadamanifi ya dalamata 199 ya		fective time, at 12:	:01 a.m. on the ea	rher of: (b) Ti	he 90th day after th
record specifies a delayed effect d is filed.	ive date, but not an el				
d is filed.					
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d is filed. October 17 Dated	, 20:	23			
d is filed. October 17 Dated	, 20:	23	esentative of a mem	ber	