

L23000249799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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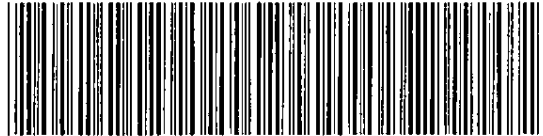
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sweetly Splendid Bakery LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emily DeArmas
Name of Person

Firm/Company

4115 Pierce St
Address

Hollywood FL 33021
City/State and Zip Code

edearmas111@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily DeArmas at (954) 789-0284
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee ☐ \$30.00 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 Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Sweetly Splendid Bakery LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/22/23 and assigned Florida document number L23000249799.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6215 Johnson St,
Hollywood FL 33024

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6215 Johnson St,
Hollywood FL 33024

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

(remains the same name)
Emily DeArmas

*** New Registered Office Address: ***

6215 Johnson St.

Enter Florida street address

Hollywood

City

Florida

33024

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 Changing Registered Agent, Signature of New Registered Agent:

1251

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Emily DeArmas	6215 Johnson St, Hollywood	<input type="checkbox"/> Add
		FL, 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	Emily DeArmas	6215 Johnson St, Hollywood	<input type="checkbox"/> Add
		FL, 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	Grace DeArmas	6215 Johnson St, Hollywood	<input type="checkbox"/> Add
		FL, 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AR	Desiree Quintana	6215 Johnson St, Hollywood	<input type="checkbox"/> Add
		FL, 33024	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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 (3)(b)

If the 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 record is filed.

Dated July 25th, 2023.

Signature of a member or authorized representative of a member

Emily DeArmas
Typed or printed name of signer

Filing Fee: \$25.00