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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Baking with Q 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:
Tagwonda McClorin Name of Person  Baking with Q LLC Firm/Company  553 SW 1/th St
Address
Belle Glade, FL 33430 City/State and Zip Code
baking with 230 amail. com  Email address (to be used for future annual report notification)
For further information concerning this matter, please call:
Talworda McClorin at (561) 985-9271  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Solution Sol

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**

Baking with Q LL (Name of the Limited Liability Comps: (A Florida Limited	ony as it now appears on our re Liability Company)	cords.)
The Articles of Organization for this Limited Liability Company Florida document number <u>£ 240001483.5</u> .	were filed on <u>01-05</u> -	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	<del></del>	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "	'LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	N/A	24 APR 26 PA
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>er</u>	nter the name of the w registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	Huan
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent:	•	any coun
sen Registeren Agent's Signature, it changing Registeren Agent:	1	

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
VP_	Brandon Bryant	553 SWITHST	□Add
	,	Belle Glade, FL3343(	)XRemove
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(If an eff Note:	we date, if other than the date of filing:
If the recor record is fil	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 ed.
Dated	April 16 . 2024.
	and a second sec
	Signature of a member or authorized representative of a member
	Typed or printed name of signee