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COVER LETTER

TO:

Registration Section Division of Corporations

	AKES BOUTTQUE LLC		
SUBJECT:	Name of Lim	ited Liability Company	<u> </u>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	BARNO GOLTSMAN		
		Name of Person	 -
	ROYAL CAKES BOUTTO	QUELLC	
		Firm/Company	
	1243 GRANT CT		
		Address	
	HOLLYWOOD, FL 33019)	
		City/State and Zip Code	· · · · · · · ·
	info@rdab.ca		
	E-mail address: (to be used for future annual report noti	fication)
For further information c	oncerning this matter, please c	all:	
BARNO GOLTSMAN		754 277-5341	
Name c	f Person	at () Area Code Daytim	e Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	S \$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 Address Registration : Division of C P.O. Box 632 Tallahassee.	Section Forporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monro Tallahassee, FL	porations fallahassee e Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ROYAL CAKES BOUTIQUE LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records. Jability Company))
The Articles of Organization for this Limited Liability Company florida document number $\frac{1.24000122073}{}$.	were filed on March 11, 2024	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company." the designation "LLC"	or the abbreviation "L.E.C."
Enter new principal offices address, if applicable:	1243 GRANT CT	三 4
Principal office address MUST BE A STREET ADDRESS)	HOLLYWOOD, FL 33019	1.1. T
		Ser of
Inter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)		7 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	nddress on our records, <u>enter t</u> i	he name of the new regist
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	
	Flor	rida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	BARNO GOLTSMAN	1243 GRANT CT HOLLYWOOD, FL 33019	□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
		□Add	
			□Remove
			Change
			🗆 Add
			□Remove
			□Change
			□Add
		-	□Remove
			□Change

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Effective date, if other than the date of filing:	_	
Effective date, if other than the date of filing:		
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