L24000390709

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LLC Amend

2024 OCT -1 PH 2: 01

A. RAMSEY 0CT 16 2024

COVER LETTER

TO:

CAKE & T	EA LLC			
Division of Corporations CAKE & TEA LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. The enclosed Articles of Amendment and fee(s) are submitted for filing. Ease return all correspondence concerning this matter to the following: ANA RIVERA Name of Person MITCHELL J. HOWARD, CPA, P.A. Firm/Company 3800 S. OCEAN DRIVE STE 228 Address HOLLYWOOD, FL 33019 City/State and Zip Code ANA@MITCHELLHOWARDCPA.COM E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: NA RIVERA Name of Person Name of Person Area Code Daytine Telephone Number The concerning for the following amount: See S55.00 Filing Fee Scitting Fee & S55.00 Filing Fee & S60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed)				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing		
		_		
	ANA RIVERA			
		Name of Person		
Division of Corporations CAKE & TEA 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: ANA RIVERA Name of Person MITCHELL J. HOWARD, CPA, P.A. Firm/Company 3800 S. OCEAN DRIVE STE 228 Address HIGLLYWOOD, FL 33019 City/State and Zip Code ANA@MITCHELLHOWARDCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANA RIVERA Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Certificate of Status Certificate Opy (additional copy is enclosed) Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee				
	3800 S. OCEAN DRIVE S	STE 228		
Please return all correspondence concerning this matter to the following: ANA RIVERA Name of Person MITCHELL J. HOWARD, CPA, P.A. Firm/Company 3800 S. OCEAN DRIVE STE 228 Address HOLLYWOOD, FL 33019 City/State and Zip Code ANA@MITCHELLHOWARDCPA.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: ANA RIVERA Name of Person Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Enclosed is a check for the following amount: Certificate of Status Certificate Copy Certificate Copy Certificate Copy (additional copy is enclosed) Certificate Certificate	<u> </u>			
	HOLLYWOOD, FL 3301	9		
		City/State and Zip Code	 	
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	E-mail address: (to be used for future annual report not	tification)	
For further information c	oncerning this matter, please c	all:		
ANA RIVERA				
Name o	f Person		ne Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee		Certified Copy	Certificate of Status &	
			ection	
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Tallahassee, l	FL 32314	2415 N. Monro	oe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

CAKE & TEA LLC

2024 OCT -1 PM 2: 01

(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 Compani	y were filed on 09/06/2024	and assigned
Florida document number L24000390709		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation	"LLC" or the abbreviation "L.IC."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent:	e address on our records, <u>e</u>	enter the name of the new registered
· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	Enter Florida street	address
	Florida	
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>	
I hereby accept the appointment as registered agent and ag provisions of all statutes relative to the proper and complet accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic company has been notified in writing of this change.	e performance of my duti provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
Irch	anging Registered Agent, Signa	ture 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
MGR	SANPE LLC	109 EAST 17TH STREET SUITE 510	
		CHEYENNE, WY 82001	=Remove
AMBR	ANTONIO D. PAPASODARO	3800 S OCEAN DR STE 228	= Add
		HOLLYWOOD FL 33019	□Remove
AMBR	SANDRA G. MIRALLES	3800 S OCEAN DR STE 228	■Add
		HOLLYWOOD FL 33019	□Remove
			□Change
			□Add
		 	🗆 Remove
			□Change
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			DAdd
			□Remove
			□Change

Effective date, if other than the date of filing: 16 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 More. If the date inserted in this block does not neet the applied statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 rd is filed. Dated September 24 Apo 24 Signatury of a guember or authorized representative of a member		
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$\mathcal{A}/$	ated SepTember 24 1/2024.	
Signature of a member or authorized representative of a member		
11	Signature of a member or authorized representative of a member	
ANTONIO DANIEL PAPASODARO	ANTONIO DANIEL PAPASODARO	

Filing Fee: \$25.00