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## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPOR	ATION: LA CASA DULCE	E, INC.	
DOCUMENT NUMB	ER:		
	of Amendment and fee are sul	bmitted for filing.	
Please return all corres	pondence concerning this mat	tter to the following:	
	Maria Bryant Esq.		
-	<del> </del>	Name of Contact Person	
	The Haba Law Firm		
•	-	Firm/ Company	
	12420 Pebble Stone Court		
-	<del></del>	Address	
	Fort Myers FL 33913		
-		City/ State and Zip Code	:
	LEALHARVESTING@GM/	AIL.COM	
•	E-mail address: (to be us	sed for future annual report	notification)
For further information	concerning this matter, pleas	se call:	
Maria Bryant		at ( 225	209-4700
Name o	f Contact Person		de & Daytime Telephone Number
Enclosed is a check for	the following amount made	payable to the Florida Depa	artment of State:
■ \$35 Filing Fee	☐\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	S52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ame Divi P.O.	ing Address ndment Section sion of Corporations Box 6327 shassee, FL 32314	Amend Divisio The Ce 2415 N	Address ment Section n of Corporations entre of Tallahassee J. Monroe Street, Suite 810 ussee, FL 32303

## Articles of Amendment to Articles of Incorporation of

FILED 2021 DEC -6 AM 4: 20

LA CASA DULCE, INC.	SECRETARY OF SOME AND ASSET OF STATES SEED SEED SEED SEED SEED SEED SEED S
(Name of Corporation	on as currently filed with the Florida Dept. of State) SSE FIELD
P07000074621	
(Docume	ent Number of Corporation (if known)
Pursuant to the provisions of section 607,1006, Florida its Articles of Incorporation:	Statutes, this Florida Profit Corporation adopts the following amendment(s) t
A. If amending name, enter the new name of the cor	rporation:
Lali's Bakery Inc.	The new
	rporation," "company," or "incorporated" or the abbreviation "Corp.," or "Co". A professional corporation name must contain the word
B. Enter new principal office address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDA	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	<u>n/a</u>
	<del></del>
D. If amending the registered agent and/or registered new registered agent and/or the new registered o	
n/a	
Name of New Registered Agent	
	(Florida street address)
	(Piorrai Mreet dauvess)
New Registered Office Address:	, Florida (City) (Zip Code)
	(CAÇ) (ZAP CARE)
New Registered Agent's Signature, if changing Regi	istered Agent:
I hereby accept the appointment as registered agent. I	I am familiar with and accept the obligations of the position.
Signa	ture of New Registered Agent, if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change. Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: XChange	<u>PT</u>	John Do	<u>c</u>	
X Remove	<u>V</u>	Mike Joi	nes	
X Add	<u>\$V</u>	Sally Sn	nith	
Type of Action (Check One)	Title		Name	Address
1) Change		_		
Add				
Remove				
2) Change		_		
Add				
Remove 3) Change				
Add				
Remove				•
4) Change		_		
Add				
Remove				
5) Change		_		
Add				
Remove				
6) Change		_		
Add				
Remove				

Attach additional shee	g additional Articles, enter change(s) here: ts, if necessary). (Be specific)	
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an amendment nro	vides for an exchange, reclassification, or cancellation	of issued shares.
provisions for imple	menting the amendment if not contained in the amenda	ment itself:
(if not applicable	, indicate N/A)	
<del></del>		<del></del>
		-

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The date of each amendment(s) adoption:, if other than the
date this document was signed.
Effective date if applicable:
(no more than 90) days after amendment file date)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.
Adoption of Amendment(s) (CHECK ONE)
The amendment(s) was/were adopted by the incorporators, or board of directors without shareholder action and shareholder action was not required.
☐ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for approval
by
(voting group)
Signature  (By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)  NOE C. LEAL Jr.  (Typed or printed name of person signing)
President
(Title of person signing)