

P200000 60242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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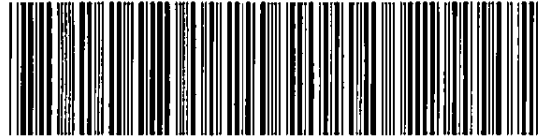
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: CAKES M CORP.

DOCUMENT NUMBER: P20000060242

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREINA FUENTES MAZZEI

Name of Contact Person

CAKES M CORP.

Firm/ Company

848 NW 99TH CT

Address

MIAMI, FL 33172

City/ State and Zip Code

andreinafuentesmazzey@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREINA FUENTES MAZZEI at (786) 6722841
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$35 Filing Fee | <input checked="" type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed) |
|--|---|---|--|

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

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

CAKES M CORP.

P20000060242

☐ 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 of 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:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change	<u>PS</u>	<u>MARIANA PELAEZ</u>	<u>848 NW 99TH CT</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33172</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change	<u>VP</u>	<u>FALIERO A PELAEZ</u>	<u>848 NW 99TH CT</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33172</u>
<input checked="" type="checkbox"/> Remove			
3) <input type="checkbox"/> Change	<u>VP</u>	<u>ANDREINA FUENTES</u>	<u>848 NW 99TH CT</u>
<input type="checkbox"/> Add			<u>MIAMI, FL 33172</u>
<input checked="" type="checkbox"/> Remove			
4) <input type="checkbox"/> Change	<u>PT</u>	<u>ANDREINA FUENTES MAZZEI</u>	<u>848 NW 99TH CT</u>
<input checked="" type="checkbox"/> Add			<u>MIAMI, FL 33172</u>
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change	<u>VPS</u>	<u>VICTOR ALFARO MARQUEZ</u>	<u>20100 W Country Club Dr #802</u>
<input checked="" type="checkbox"/> Add			<u>Aventura, FL 33180.</u>
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

(Attach additional sheets, if necessary). (Be specific)

(Attach *additional sheets, if necessary*). (Be *specific*)

(if not applicable, indicate N/A)

(if not applicable, indicate N/A)

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The date of each amendment(s) adoption: _____, if other than the date this document was signed.

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.

☐ 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 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):*

by _____
(voting group)

Signature Administrative Services Company
(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)

(Title of person signing)

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