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| (Requestor's Name) | |
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| (City/State/Zip/Phone #) | |
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| PICK-UP WAIT | MAIL |
| | |
| (Business Entity Name) | |
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| (Document Number) | |
| (6001) | |
| Contification of Statu | 16 |
| Certified Copies Certificates of Statu | |
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| Special Instructions to Filing Officer: | |
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Office Use Only



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C. GOLDEN

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COVER LETTER

| TO: | | stration Section of Corpo | | , | - | |
|-----------------|---------|---------------------------|----------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------|----------|
| SUBJEC | | Mike & Mike | | | | |
| SUBJEC | - II را | | | ted Liability Company | | |
| The encl | losed 2 | Articles of A | mendment and fee(s) are subn | nitted for filing. | | |
| Please re | eturn a | II correspond | dence concerning this matter t | to the following: | | |
| | | | Vivana Henrich | | | |
| | | | | Name of Person | | |
| | | | Mike & Mikes Desserts LL | C | | |
| | | | | Firm/Company | | |
| | | | 11329 SW 109th RD Unit I |) | | |
| | | | | Address | | |
| | | | Miami, FL 33176 | | | |
| | | | - THE | City/State and Zip Code | | |
| | | | Mike.Mitchell@mikeandmil | | | |
| | | | E-mail address: (to | be used for future annual rep | ort notification) | |
| For furth | er info | ormation con | cerning this matter, please cal | 11: | | |
| Michael | Mitch | nell Jr | | 863 370-0 at () | 952 | |
| | | Name of P | erson | | Daytime Telephone Number | _ |
| Enclosed | lisac | heck for the | following amount: | | | |
| ■ \$25.6 | 00 Fili | ng Fee | □ \$30.00 Filing Fee & Certificate of Status | □ \$55.00 Filing Fee & Certified Copy (additional copy is enclose | S60.00 Filing For Certificate of S Certified Copy (additional copy is | Status & |

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Mike & Mikes Desserts LLC

2019 JAN 22 AM 9: 02

| (Name of the Limited Liability Compa (A Florida Limited | any as it now appears on our rec | ords.) |
|---------------------------------------------------------------------------|---------------------------------------|-----------------------------------|
| (A Florida Limited | Liability Company) | TALLAHASSEE.FL |
| The Articles of Organization for this Limited Liability Company | were filed on 11/07/2018 | |
| Florida document number L18000261675 | | |
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | oility company here: | |
| N(A | | |
| The new name must be distinguishable and contain the words "Limited Liabi | ility Company," the designation "L | .LC" 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: | λ[/A | |
| • | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered o | ffice address on our reco | rds, enter the name of the nev |
| registered agent and/or the new registered office address her | | the name of the new |
| ,1 | i | |
| Name of New Registered Agent: | <u> </u> | |
| New Registered Office Address: | | |
| | Enter Florida street add | ress |
| | | Florida |
| | City | Zip Code |
| | | |

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.

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 |
|---------------------|-------------------------------|--------------------------|----------------|
| AMBR | Vivana Henrich/ Co-Owner | 11329 SW 109th Rd unit d | |
| | | Miami, Florida 33176 | □ Remove |
| | | | Change |
| AMBR | Michael Mitchell Jr/ Co-Owner | 11329 SW 109th Rd unit d | |
| | | Miami, Florida 33176 | Remove |
| | | | Change |
| AMBR Michael Belche | Michael Belcher/ Co-Owner | 11329 SW 109th Rd unit d | |
| | | Miami, Florida 33176 | □ Remove |
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| | ive date, if other than the date of filing: (optional) fective 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 |
| Note: | If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as |
| locum | nent's effective date on the Department of State's records. |
| | |
| e red The | cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed. |
| 1110 | Sour day arter the record is med. |
| Dated | January 15+h 2019 |
| Jacca | January 15+h, 2019. The Thick |
| | The Thill |
| | Signature of a member or authorized representative of a member |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00