## Florida Department of State Division of Corporations Electronic Filing Coxet Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : PETERSON & MYERS PA

Account Number : I20080000078 Phone : (863)683-6511 Fax Number : (863)688-8099

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email

Address: \_\_\_\_\_nathaniel@mikeandmikesdesserts.com\_

## MIKE & MIKES DESSERTS LLC

| Certificate of Status | 0       |
|-----------------------|---------|
| Certified Copy        | 0       |
| Page Count            | 06      |
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## Docusign Envalope IO: CB1A3083-00E7-484E-82F8-70F59C7C032D COVER LETTER

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| TO: Registration Se<br>Division of Cor |  |   |  |
|--|--|---|--|
|  | kes Desserts LLC                                     |   |  |
| SUBJECT:                               | Name of Lim  | ited Liability Company                            |  |
|  |  |   |  |
| The enclosed Articles of               | Amendment and fee(s) are sub                         | mitted for filing.                                |  |
| Please return all correspo             | ndence concerning this matter                        | to the following:                                 |  |
|  | Amanda L. Walls                                      |   |  |
|  |  | Name of Person                                    |  |
|  | Peterson & Myers, PA                                 |   |  |
|  | <del></del>  | Firm/Company                                      |  |
|  | PO Box 24628   |   |  |
|  |  | Address   | <del></del>  |
|  | Lakeland FL 33802                                    |   |  |
|  |  | City/State and Zip Code                           | <del></del>  |
|  | awalls@petersonmyers.com                             | to be used for future annual report notification) |  |
| Por further information c              | e-mail address. (<br>oncerning this matter, please c | ·   |  |
| Brittany Nash                          |  | 863 683-6511                                      |  |
| Name o                                 | ( Person   | Area Code Daytime Telephone                       | Number   |
| Enclosed is a check for t              | ne following amount:                                 |   |  |
| ■ \$25.00 Filing Fee                   | □ \$30.00 Filing Peo &<br>Certificate of Status      | Certified Copy (additional copy is enclosed) (    | 60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>additional copy is enclosed) |
| Mailing Addres                         |  | Street Address:                                   | ·  |
| Registration :<br>Division of C        |  | Registration Section Division of Corporations     | •  |
| P.O. Box 632                           | .7   | The Centre of Tallahasse                          | e  |
| Tallahassec,                           | FL 32314   | 2415 N. Monroe Street,<br>Tallahassee, FL 32303   | Suite 810  |

DocuSign Envelope ID: CB1A3083-00E7-494E-B2FB-7DF56C7C032D

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Mike & Mikes Desserts LLC   |   |                               |
|---|---|-------------------------------|
| (Name of the Limited Liability Comms<br>(A Floride Limited  | ny as il now saucars on our records.<br>Lability Company) |                               |
| The Articles of Organization for this Limited Liability Company   | were filed on November 7, 2018                            | and assigned                  |
| Florida document number L18000261675  |   |                               |
| This amendment is submitted to amend the following:   |   |                               |
| A. If amending name, enter the new name of the limited lish   | ility company here:                                       |                               |
| The new name must be distinguishable and contain the words "Limited Liabi   | lity Company," the designation "LLC"                      | or the abbreviation "L.L.C."  |
| Enter new principal offices address, if applicable:   |   |                               |
| (Principal office address MUST BE A STREET ADDRESS)   |   | <u> </u>                      |
|   |   | - 20 <b>2</b>                 |
| Washington and the second and the second  |   | 1020元                         |
| Enter new mailing address, if applicable:   |   |                               |
| (Mailing address MAY BE A POST OFFICE BOX)  | <del></del>   | र्में अस्ति अस्ति विश्व       |
|   |   | ÷ 5                           |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: | address on our records, <u>enter ti</u>                   | ne name of the new registered |
| Name of New Registered Agent:   |   |                               |
| New Registered Office Address:  |   | ··· <u>-</u>                  |
|   | Enter Florida street address                              |                               |
|   |   | id <b>n</b>                   |
|   | City  | Zip Code                      |
| New Registered Agent's Signature, If changing Registered Agent;   |   |                               |
| I hereby accept the appointment as registered agent and agr   |   |                               |

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

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11 amenoring Authorized rerson(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

| Title  | Name                | Address                     | Type of Action |
|--------|---------------------|-----------------------------|----------------|
| MGR    | Michael Mitchell Jr | 3087 Sire Trail             |                |
|        |                     | Lakeland FL 33811           | □Remove        |
|        |                     | <del> </del>                | ■ Change       |
| AMBR M | Michael A. Belcher  | 6884 Bordeaux Blvd.         | □Add           |
|        |                     | Lakeland FL 33841           | BRemove        |
|        |                     |                             | Change         |
| AMBR   | Vivana E. Henrich   | 6884 Bordeaux Blvd.         | □Add           |
|        |                     | Lakeland FL 33811           | ≅Remove        |
|        |                     |                             |                |
| MGR    | Nathaniel Kendrick  | 429 Timberland East, Apt. D | DAdd           |
|        |                     | Lakeland FL 3380!           | □ Remove       |
|        |                     | E Change                    |                |
| AMBR   | Bront Powers        | 256 N. Kentucky Ave.        |                |
|        | Lakeland FL 33801   | Lakeland FL 33801           | ■Remove        |
|        |                     |                             | ☐ Change       |
|        |                     |                             | □Add           |
|        |                     |                             | □Remove        |
|        |                     |                             | Change         |

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| <b>.</b> .       |   |
| an cii<br>lote:  | ive date, if other than the date of filing:   |
| recor<br>I is fi | d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after tho led. |
| a1 <b>c</b> d    | 12/21/2022  |
|                  | Michael Mitchell Jr.  |
|                  |   |