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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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

Email Address: _____

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
RAVELO'S BAKERY LLC

Certificate of Status	0
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D. BRUCE

FEB 20 2012

EXAMINER

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TALLAHASSEE, FLORIDA



February 17, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

RAVELO'S BAKERY LLC
12807 S W 42 ST
MIAMI, FL 33175

SUBJECT: RAVELO'S BAKERY LLC
REF: L09000098259

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The amendment form you submitted is to amend a corporation, you must submit the amendment form to the Articles of Organization.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H12000042191
Letter Number: 712A00007318

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TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RAVELO'S BAKERY 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:

MIRIAM PEREZ
Name of Person

NMP
Firm/Company

2500 SW 107 AVE
Address

MIAMI FL 33165
City/State and Zip Code

nmpprofessionals@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MIRIAM PEREZ at (305) 231-5176
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

RAVELO'S BAKERY LLC

(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 Company were filed on OCTOBER 12, 2009 and assigned Florida document number L09000098259

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" 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: N/A
(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: RAIDA M DELGADO
New Registered Office Address: 1702 SW 138 AVE
Enter Florida street address
MIAMI, Florida 33175
City Zip Code
STATE OF FLORIDA

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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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
PST	RAIDA M DELGADO	12807 SW 42 ST MIAMI FL 33175	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
P	CESAR GARCIA	1044 SW 124 CT MIAMI FL 33184	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HIROISMA SABATIER	1044 SW 124 CT MIAMI FL 33184	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated FEBRUARY 14, 2012


Signature of a member or authorized representative of a member

CESAR GARCIA PRESIDENT
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

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