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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| VANILLA PASTRIES LLC | | |
|--|--|--|
| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | |
| The Articles of Organization for this Limited Liability Company Florida document number 1.20000182042 | y were filed on 06/29/2020 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | bility company here: | |
| SOMOS VANILLA LLC | | |
| The new name must be distinguishable and contain the words "Limited Liab | oility 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) | | <i>OA</i> |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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 the na</u> | FILED SILES JAY OF STATEMENT OF |
| Name of New Registered Agent: New Registered Office Address: | | ····· |
| New Negrocies vince Assuras. | Enter Florida street address | |
| | 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 affice address, I hereby confirm that the limited liability company has been notified in writing of this change.

B 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 |
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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> | <u>Address</u> | Type of Action |
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| ffective date if other than the | date of filing: | | (optional) | |
| ffective date, if other than the an effective date is listed, the date mus sote: If the date inserted in this blocument's effective date on the Do | ack does not meet the | applicable statutory filin | ore than 90 days after filing.) Purst | iant to 605,0207 (iot be listed as t |
| record specifies a delayed effectively is filed. | e date, but not an effec | etive time, at 12:01 a.m. | on the earlier of: (b) The 90th | a day after the |
| January 20th | 2025 | · | | |
| | , | 00: | 1 | |
| | Loreana | G Raminez Constitution | (sea | |

Filing Fee: \$25.00

Typed or printed name of signee