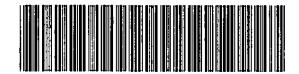
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COVER LETTER

Division of Cor		•	
	KERY L.L.C.		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	2022 UCG 29
	OMER AKCIL		100 m
		Name of Person	
	PERA BAKERY L.L.C.	F:(C)	. 12
	12202 Wieded Dal Me	Firm/Company	
	13302 WISPER PALMS V	Address	
	ORLANDO FLORIDA 32		
	STRADAON@GMAIL.CO	City/State and Zip Code	
Programme Comment		to be used for future annual report notification)	
	concerning this matter, please c		
OMER AKCIL Name of	of Person	646 6420088at ()Area Code Daytime Telephon	e Number
Enclosed is a check for the	he following amount:		
■ \$25.00 Filing Fee	☐ S30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	660.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address		Street Address:	
Registration : Division of C		Registration Section Division of Corporation	s

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PERA BAKERY L.L.C.		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) nited Liability Company)	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
he Articles of Organization for this Limited Liability Com- lorida document number L22000328894	pany were filed on 07/25/2022	and assigned
his amendment is submitted to amend the following:		2.1.2
. If amending name, enter the new name of the limited	liability company here:	
ERA BAKERY L.L.C.		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	the abbreviation "L.L.C."
nter new principal offices address, if applicable:	new principal offices address, if applicable: 13302 WISPER PALMS WAY 1-116	
Principal office uddress MUST BE A STREET ADDRES.	(S)	
nter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX)</u>		
. If amending the registered agent and/or registered of gent and/or the new registered office address here:	fice address on our records, <u>enter the</u>	name of the new regist
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	· · · - · · · - ·
	Florid	a
	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>	Name	Address	Type of Action
MGR	OMER AKCIL	13302 WISPER PALMS WAY 1-116 ORLANDO F	l ≡ Add
			□Remove
			□Change
			□Add
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ective date, if other than the date of filing:	(4:	. 10	
effective date is listed, the date must be specific and cannot be prior to date of filing	ng or more than 90 days after fili	ng.) Purst	iant to 605.02
e: If the date inserted in this block does not meet the applicable statutor ument's effective date on the Department of State's records.	ry filing requirements, this da	ite will n	ot be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 sfiled.	l a.m. on the earlier of: (b)	The 90th	ı day after tl
, 08/24/2022			
ed 08/24/2022			
	7		

Filing Fee: \$25.00