L03000026849

| (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: | | |
| A. LUNT | | |
| , <u> </u> | | |
| FEB 2 7 2008 | | |
| EXAMINER | | |
| | | |

Office Use Only



700118294327

02/25/08--01038--012 **25.00

SECRETARY OF STATE
ALLAHASSEE, FIORIDA

FILED

COVER LETTER

| · · · · · · · · · · · · · · · · · · · |
|---|
| TO: Registration Section Division of Corporations |
| SUBJECT: Dremier 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: |
| Anthony GOTTA (Name of Person) |
| Drem Nr Bakery LLC (Firm/Company) |
| 2001 West Atlantic AUD. |
| |
| For further information concerning this matter, please call: |
| Anthom Lyotta at (561) 305 8477 = (Area Code & Daytime Telephone Number) |
| Enclosed is a check for the following amount: |
| \$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certificate of Status}\$\$ \$\text{Certified Copy}\$\$ \$Certificate of Status & \text{Certificate of Status |

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

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

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Premier BA | Ker 110 | • |
|--|---|--|
| (Name of the Limited) | Liability Company as it now appears of Florida Limited Liability Company) | on our records.) |
| The Articles of Organization for this Limited Liz Florida document number | | 7/22/03 and assigned |
| This amendment is submitted to amend the follo | wing: | |
| A. If amending name, enter the new name of DICMIEV BAKERY LL The new name must be distinguishable and end with | -C | ," the designation LL Cor the abbreviation |
| "L.L.C." B. If amending the registered agent and/o | r registered office address on out | FEB 2 |
| registered agent and/or the new registered off | ice address here: | P : |
| Name of New Registered Agent: | Anthony V | LIOTPA ST. |
| New Registered Office Address: | 2001 West A+1 | r Florida street address) |
| | Delray Beach | , Florida <u>33445</u> (Zip Code) |
| | i (City) | (Lip Coue) |

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 all ending 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 = Mar MGRM = M | nager Ianaging Member | | |
|-----------------------|--|---|----------------|
| <u>Title</u> | Name | Address | Type of Action |
| M6R | THATANTINO JOHN | 2001 West Allantic Ave. STE A Delvay. Beach Florion 33445 | Add Remove |
| MBR. | LIOTTA Anthony. | 2001 West Atlantic AVE STE D Delray Boach: Florida 33448 | Add Remove |
| | | | Add Remove |
| · | | | Add Remove |
| · | | TALL SEG | Add Remove |
| | | AHASSEE | Add Remove |
| D. If amend | ling any other information, enter change | (s) here: (Attach additional sheets, if newstary.) | |
| . | | , | _ |
| :"" | | | |
| Dated | | or authorized representative of a member | |
| | An Hone | r printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00