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EXAMINER



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ALLAHASSEE FLORIDA

COVER LETTER

Division of Corporations				
SUBJEC'	A.L.	ANTIOQUEÑA BAKERY AND SANDWICH SHOP		
(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:				
Rocio Betancur (Name of Person)				
(Name of Person)				
LA ANTIQUENA BAKERY AND SANDWICH SHOP (Firm/Company)				
		(Filin/Company)		
3023 Waters Au. (Address)				
(Address)				
Tampa, Fl, 33614				
Tampa, Fl, 33614 (City/State and Zip Code)				
For further information concerning this matter, please call:				
	2	T P a l a 22 22 22 22		
(Name of Person) at (813) 892 35 03 (Area Code & Daytime Telephone Number)				
(
Enclosed is a check for the following amount:				
\$25.00	0 Filing Fee	\$30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 08/21/2006 and assigned			
Florida document number 10600082649.				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
NIA				
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	NA			
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address here				
Name of New Registered Agent: N/A				
New Registered Office Address:	08 7AL			
	(Enter Florida street address)			
	, Florida S			
New Registered Agent's Signature, if changing Registered Agent	(City) (Zip Code)			
	piete performance of my auties, and I am familiar with and provided for in Chapter 608, F.S. Or, if this document is			

'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 **Type of Action** <u>Address</u> <u>Title</u> Name | Edison Ramirez MGR Carlos A Ruiz MGR ☐ Add Remove **₼** Add Remove ☐ Add Remove Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 02/15/2008 Signature of a member or authorized representative of a member Betancer Rocio Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00