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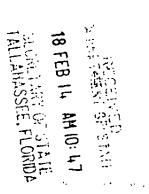
(Requestor's Name)
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Special Instructions to Filing Officer:





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## **COVER LETTER**

ΓO:	Registration Se Division of Cor			
SUBJE	ECT:	TOOJAY'S BAKERY	AND COMMISSARY, L.L.C.	
	-	Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
			Tracy Esposito	
			Name of Person	
		TOOJAY'S B	AKERY AND COMMISSARY	', L.L.C.
			Firm/Company	
			3654 Georgia Avenue	
			Address	
		W	est Palm Beach, FL 33405	
		<del></del>	City/State and Zip Code	<del> </del>
			tracye@toojays.com	
		E-mail address: (	to be used for future annual report n	otification)
For fur	ther information c	oncerning this matter, please ca	all:	
Jaymee Bearden			at (850 ) 577-696	
	Name o	f Person	Area Code Dayı	ime Telephone Number
Enclose	ed is a check for th	ne following amount:		
<b>☑ \$</b> 25	5.00 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)

TO:

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

		D COMMISSARY,		
(Name of the Lim	(A Florida Limited	ny as it now appears Liability Company)	on our records.)	
The Articles of Organization for this Limited I	Liability Company	were filed on 12/	18/2007 and assigned	
Florida document number L07000125253	<u> </u>			
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liab	ility company hei	<u>re</u> :	
NA				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the de	signation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if appli	cable:	NA		
(Principal office address MUST BE A STREE	ET ADDRESS)	•••	<u> </u>	
			C C P	
			-	
Enter new mailing address, if applicable:		NA	SER L	
(Mailing address MAY BE A POST OFFICE BOX)				
			OR W	
			D <sub>III</sub> 5	
B. If amending the registered agent and	l/or registered of	ffice address on	our records, enter the name of the new	
registered agent and/or the new registered o	ffice address her	e:		
Name of New Registered Agent:	Edward Maxw	rell Plet		
New Registered Office Address:	3654 GEORG	IA AVE		
		Enter Florid	da street address	
	West Palm Be	ach	, Florida 33405	
		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>	<u>Name</u>	Address	Type of Action
MGR	Chris Artinian		
			<b>☑</b> Remove
MGR	Edward Maxwell Piet	333 Fern Street # 1415 West Palm Beach, FL 33401	□ Change
MOIN	Edward Maxwell Flet		✓ Add  □ Remove
			Change
			□ Remove
			□ Change
			Add
		<del></del>	□ Remove
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<u></u>	<u> </u>				<del></del>		
Effective date, if other (If an effective date is listed, Note: If the date inserte document's effective date.)	the date must be spo ed in this block do	cific and cannot cs not meet the	be prior to date applicable st	of filing or more that atutory filing rec	(option nun 90 days after f uirements, this d	iling.) Pursuant	to 605.0207 e listed as l
the record specifies ( ) The 90th day afte	a delayed effer r the record is	ctive date, l filed.	out not an o	effective time	, at 12:01 a.	m. on the $\epsilon$	earlier of:
Dated February 12		201	8				
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Filing Fee: \$25.00