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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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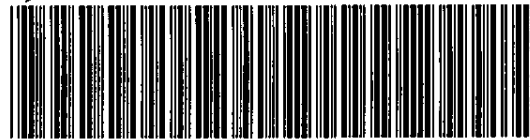
(Business Entity Name)

(Document Number)

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T. CLINE

FEB - 6 2012

EXAMINER

SECRETARY OF STATE
FALLINGWATER, VA

2012 FEB - 3 AMH: 00

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PASTRY & BAKERY DELIGHTS, 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:

Pedro Morales
Name of Person

PASTRY & BAKERY DELIGHTS
Firm/Company

1874 CREEK WATER BLVD
Address

PORT ORANGE, FL 32128
City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CARLOS VAKERAMA at (321) 206-8327
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 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)

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

FILED
2012 FEB -3 AM 11:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PASTRY & BAKERY DELIGHTS, LLC
(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 09-02-2008 and assigned
Florida document number 108000083254

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

J & A FINANCIAL FREEDOM, LLC
The new name must be distinguishable and end with the words "Limited Liability 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)

1874 CREEK WATER Blvd.
PORT ORANGE, FL
32128

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1874 CREEK WATER Blvd.
PORT ORANGE, FL
32128

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

VALDERRAMA PARTNERS, LLC

New Registered Office Address:

1676 PROVIDENCE Blvd
Enter Florida street address

DELTONA, Florida 32725
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 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.

Carl Val
If Changing Registered Agent, Signature of New Registered Agent

