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J. BRYAN

JAN 1 2 2009

EXAMINER

COVER LETTER

TO:	Registration Division of C					
SUBJE	ECT:	BRAZIL 24HRS	. BAKERY & CAFE LLC			
SOBOL	<u> </u>	Name of Lim	·			
•			•			
The en	closed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please	return all corres	pondence concerning this matte	er to the following:			
<u>F</u>			Ruben D. Toro			
			Marie of Colonia			
			Ruben Toro PA			
Firm/Company				SEC		
	7901 KIngspointe Pkwy Ste. 31					
			Address	ARY ASS		
			Orlando FL 32819	JAN 11 PH 1: 34 SECRETARY OF STATE ALLAHASSEE, FLORIC		
			City/State and Zip Code	FLO		
	rubencpa@bellsouth.net E-mail address: (to be used for future annual report notification)					
For furt	ther information	concerning this matter, please		.4**		
		uben D. Toro	at (_407_)370-6			
	Name	of Person	Area Code & Daytime Telepi	ione Number		
Enclose	ed 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		stration Section ion of Corporations Box 6327	STREET/COURIER AI Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAZIL 24HRS. BAKERY & CAFE 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 Lia Florida document number L080001109	bility Company v			and assigned				
This amendment is submitted to amend the follow	ving:							
A. If amending name, enter the new name of t	the limited liabil	lity company here:		No. a. or v				
The new name must be distinguishable and end with "L.L.C."	the words "Limite	ed Liability Company	," the designation "I	LC" or the abbreviation				
Enter new principal offices address, if applical	ble:	5648 Internatio	nal Dr.	3 5 G				
(Principal office address MUST BE A STREET	'ADDRESS)	Orlando FL 328	319	ES E				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B) B. If amending the registered agent and/or registered agent and/or the new registered offi	· registered offi	ce address on our	r records, <u>enter t</u>	he name of the new				
Name of New Registered Agent:	Adelina C. Po							
New Registered Office Address:	8114 Bluestar Cir.							
	Enter Florida street address							
		Orlando	, Florida	32819				
		City		Zip Code				
New Registered Agent's Signature, if changing Re	gistered 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 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	ADELINA C. POLO	8114 Bluestar Cir. Orlando FL 32819	Add Remove
MGRM	KAIO G. POLO	8458 Shady Glen Dr. Orlando FL 32819	Add _☑ Remove
			Add Remove _
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		TALLAHASS	TI-LI STCRETARY
		הי רי ר	PH 1: 34
Dated	1.107/2010 Velen 1/4	·	
	/	authorized representative of a member	
_		printed name of signee	

Page 2 of 2

Filing Fee: \$25.00