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EXAMINER

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COVER LETTER

Y	BRAZII 24HRS	BAKERY & CAFE	II.C		
SUBJECT:	BRAZIL 24HRS. BAKERY & CAFE LLC Name of Limited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
		RUBEN D. TORO			
		Name of Person	_		
		RUBEN TORO P.A.			
	-	Firm/Company			
	7901 KII	NGSPOINTE PKWY S	TE. 31		
		Address			
		ORLANDO FL 32819			
		City/State and Zip Code			
	F-mail address:	bencpa@bellsouth.net to be used for future annual repor	t notification)		
For further information	concerning this matter, please	•	(nonnewron)		
ror farmer information	t concerning this matter, piease of	zatt.			
	IBEN D. TORO	at (_407)	370-6445 Daytime Telephone Number		
Name	e of Person	Area Code & D	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 end	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS		STRFFT/CI	DURIER ADDRESS.		

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

TO:

Registration Section

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRAZIL 24H	<u>IRS. BAKERY & CAF</u>	E LLC			
(<u>Name of the Limited Liab</u> (A Flori	<mark>ility Company as it now appe</mark> a da Limited Liability Company)	irs on our records.			
The Articles of Organization for this Limited Liabilit Florida document number L08000110930		12/03/2008	an	d assigi	ned
	···········				
This amendment is submitted to amend the following	g :				
A. If amending name, enter the new name of the	limited liability company he	<u>re</u> :			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	pany," the designation	"LLC" or	the abb	reviation
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET AL	ODRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX					
B. If amending the registered agent and/or re		our records, enter	the nar	me of	the new
registered agent and/or the new registered office a	address here:		SEC	10[
Name of New Registered Agent:)E	F/4
New Registered Office Address:				-1	45 15 15 150 250 man
	E	nter Florida street ac	ddress	H .	5 T
_		, Florida _	<u> </u>	<u></u>	
	City		\(\overline{\ove	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.

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 IGRM = Managing Member						
<u>Title</u>	Name	Address	Type of Action			
MGRM	NELSON E. POLO	8458 SHADY GLEN DR. ORLANDO FL 32819	Add Remove			
MGRM	CESAR T. HENRIQUE	7056 BRESCIA WAY ORLANDO FL 32819	✓ Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add Remove			
D. If amend	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	nry.) 			
Dated D1	ECENBER 3 20	<u> </u>				
•	Signature of a member	er or authorized representative of a member				
		ELSON E. POLO				
	1 ype	d or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00