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MAY 2 3 2017 J SHIVERS



May 18, 2017

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Shea's Bakery, LLC

To Whom It May Concern:

Enclosed please find original Cover Letter and original and one (1) copy of Articles of Amendment to Articles of Organization for the above-referenced entity.

Further enclosed is this firm's check no. 12645 in the amount of \$60.00 made payable to Florida Department of State to cover fees for the following:

1.	Filing Fee	\$25.00
2.	Certified Copy	\$30.00
3.	Certificate of Status	\$ 5.00

Please return the Certified Copy and the Certificate of Status to this office.

You may call the undersigned should you have any questions.

ynda S. Fisher Paralegal

lsf enclosures 3

COVER LETTER

TO:		
CHDI		S BAKERY LLC
SUBJ	ECT:	Name of Limited Liability Company
The en	closed Articles	s of Amendment and fee(s) are submitted for filing.
Please	return all corre	espondence concerning this matter to the following:
	closed Articles of Amendment and fee(s) are submitted for filing. return all correspondence concerning this matter to the following: Roberta Valmond Name of Person Firm/Company 4735 SW 13th Place Address Deerfield Beach, Florida 33442 City/State and Zip Code E-mail address: (to be used for future annual report notification) ther information concerning this matter, please call: ta Valmond Name of Person at (ASH) Area Code Daytime Telephone Number	
		Name of Person
		Firm/Company
		4735 SW 13th Place
		Address
		Deerfield Beach, Florida 33442
		City/State and Zip Code
		E-mail address: (to be used for future annual report notification)
For fur	ther information	on concerning this matter, please call:
Rober	ta Valmond	at (954) 775 - 2633
	Nan	me of Person Area Code Daytime Telephone Number
Enclos	ed is a check fo	or the following amount:
□ \$2	5.00 Filing Fee	e U \$30,00 Filing Fee & Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Statu 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

	City	Zip Code
	Deerfield Beach	, Florida ³³⁴⁴²
Now Registered Office Addiess.	Enter i	Florida street address
New Registered Office Address:	4735 SW 13th Place	
Name of New Registered Agent:	Roberta Valmond	
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address ffice address here:	on our records, enter the name of the nev
		08.
(Mailing address MAY BE A POST OFFICE	<u> </u>	
Enter new mailing address, if applicable:		\(\frac{\sqrt{\sq}\sqrt{\sq}}}}}}}}\sqrt{\sqrt{\sqrt{\sq}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}
		A SOL
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>	
<u>-</u>	, , ,	
The new name must be distinguishable and contain the	words "Limited Liability Company," tl	ne designation "LLC" or the abbreviation "L.L.C."
A. If amending name, enter the new name	of the limited liability company	here:
This amendment is submitted to amend the fol	d Liability Company were filed on November 24, 2009 and assigned following: the of the limited liability company here: the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." plicable: REET ADDRESS) CCE BOX) and/or registered office address on our records, enter the name of the new doffice address here: Roberta Valmond 4735 SW 13th Place Enter Florida street address	
(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 Florida document number L09000112766 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal office address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailling address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter fife name of the naregistered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Roberta Valmond 4735 SW 13th Place Enter Florida street address		
	Liability Company were filed on	November 24, 2009 and assigned
(Name of the Lim	ited Liability Company as it now app	pears on our records.)
SHEA'S BAKERY LEC		

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>	<u>Address</u>	Type of Action
MGR M	Lesley Marlo	3705 S. Lake Drive	
		Boynton Beach, FL 33435	Remove
			☐ Change
MGR M	Shea M Gouldd	3705 S Lake Drive	☐ Add
		Boynton Beach, FL 33435	■ Remove
			Change
MGR	Roberta Valmond	4735 SW 13th Place	
		Deerfield Beach, Florida 33442	☐ Remove
			☐ Change
			□ Add
			□ Remove
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ote: If the date ins	serted in this block de date on the Departr	oes not me	et the appli	cable statu	tory filing re	quirements, t	his date will	not be l	listed a
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The 90th day a	after the record i	s filed.							
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00