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D. BRUCE
MAR 0 8 2010
EXAMINER

## **COVER LETTER**

TO:	Registration Sectorial Division of Corp					
SUBJE	CT:	BELLA	BAKERY, LLC			
		Name of Lim	nited Liability Company			
		mendment and fee(s) are su	-			
			ROBERT A. BRANDT			
	Name of Person					
	ROBERT A. BRANDT, P.A.					
	Firm/Company					
		696 NE 125TH STREET Address				
		N	ORTH MIAMI, FL 33161		Eg 5	
			City/State and Zip Code		MAR LAHI	""
		rob E-mail address:	ert@attorneybrandt.com (to be used for future annual report notifi	cation)	TARY ASS	
For furt	ther information co	ncerning this matter, please	call:		PA	Ī
	ROBER Name of	RT A. BRANDT Person	at ( 305 )  Area Code & Daytime	981-3222 e Telephone Number	E 31 STATE FLORINA	J
		e following amount:				
<b>₹</b> \$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	) Certified	ite of Status &	osed)
	Registra Division P.O. Bo	NG ADDRESS: tion Section of Corporations x 6327 see, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce Tallahassee, FL 32	n ations enter Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BELLA BAKERY, LLO	C		
(Name of the Limited (A	Liability Company as it now a Florida Limited Liability Comp	ppears on our records.) any)	<del></del>	
The Articles of Organization for this Limited Lia Florida document number		FEBRUARY 19, 2010	_ and assigned	
This amendment is submitted to amend the follo	wing:			
A. If amending name, enter the new name of	the limited liability compan	y <u>here</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability C	Company," the designation "LLC	" or the abbreviation	
Enter new principal offices address, if applica	ible:			
(Principal office address MUST BE A STREE	T ADDRESS)	in reg	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)  B. If amending the registered agent and/o		on our records, enter the	PH M	
registered agent and/or the new registered of				
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street addres	S	
	. Florida			
	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.

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 Title Title Name | **Address** Type of Action MGR RODOLFO DELGADO 11832 SW 107TH LANE ☐ Add MIAMI, FL 33186 ✓ Remove ☐ Remove ☐ Remove ∏Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **FEBRUARY 25** 2010 Dated\_ Signature of a member or authorized representative of a member ROBERT A. BRANDT Typed or printed name of signee

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**Filing Fee: \$25.00**