

400000061470

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000180217 3)))



H100001802173ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN, PLLC  
Account Number : I20070000020  
Phone : (813) 435-3176  
Fax Number : (813) 333-6358

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

RECEIVED

10 AUG 10 PM 3:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CLASS TECHNOLOGY, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 3       |
| Estimated Charge      | \$25.00 |

S. HAWKES

AUG 17 2010

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H100001802173

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

**CLASS TECHNOLOGY, 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 06/08/2010

and assigned

Florida document number L10000061470

This amendment is submitted to amend the following:

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

**KORNFEIL BAKING SYSTEMS, LLC**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

12000 NORTH DALE MABRY HWY

**(Principal office address MUST BE A STREET ADDRESS)**

SUITE 110

TAMPA FLORIDA 33618

Enter new mailing address, if applicable:

12000 NORTH DALE MABRY HWY

**(Mailing address MAY BE A POST OFFICE BOX)**

SUITE 110

TAMPA FLORIDA 33618

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:

New Registered Office Address:

Enter Florida street address

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**

H100001802173

Aug 10 2010 2:48PM

NICK SPRADLIN

p. 3

H100001802173

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 | Name         | Address   | Type of Action   |
|-------|--------------|---|--|
| MGRM  | IVO KORNFEIL | 12000 NORTH DALE MABRY HWY<br>SUITE 110<br>TAMPA, FLORIDA 33618 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
|       |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|       |              |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 8/10, 2010

*[Signature]*

Signature of a member or authorized representative of a member

Nickolas J. Spradlin

Typed or printed name of signee

H100001802173