# L10000097553

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C. LEWIS NOV 2 2 2010 EXAMINER

## **COVER LETTER** TO: **Registration Section** Division of Corporations NINO PASTRY FACTORY, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: SCOTT F. SAIDEL, ESQ Name of Person THE LAW OFFICES OF SCOTT F. SAIDEL Firm/Company 5301 NORTH FEDERAL HIGHWAY, SUITE 130 Address **BOCA RATON, FLORIDA 33487** City/State and Zip Code SCOTT\_SAIDEL@COMCAST.NET E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: SCOTT SAIDEL at ( 561 ) 306-6560

Enclosed is a check for the following amount:

Name of Person

\$25.00 Filing Fee

\$30.00 Filing Fee & Certificate of Status

S55.00 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

#### STREET/COURIER ADDRESS:

Area Code & Daytime Telephone Number

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

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

FILED

NINO PASTRY F	FACTORY, LLC	2010 NOV	19 AM III: 54	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on outliability Company)	ir rogarde l	SEE FLORIDA	
The Articles of Organization for this Limited Liability Company	were filed on9/			
Florida document number <u>L10000097553</u> .			-	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the	e designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:	10165 STONEHENGE CIRCLE #1519			
(Principal office address MUST BE A STREET ADDRESS)	BOYNTON BEACH, FL 33437			
Enter new mailing address, if applicable:	10165 STONEHENGE CIRCLE #1519			
(Mailing address MAY BE A POST OFFICE BOX)	BOYNTON BEACH, FL 33437			
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ords, <u>enter t</u>	he name of the new	
Name of New Registered Agent: SCOTT F. S.	AIDEL, ESQ.			
New Registered Office Address: 5301 NORT	801 NORTH FEDERAL HIGHWAY, SUITE 130  Enter Florida street address			
BO		_, Florida	33487	
	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

Page 1 of 2

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager for Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member Title **Name Address Type of Action** 10165 STONEHENGE CIRCLE #1519 Add BOYNTON BEACH, FL 33437 Rem MGRM GIUSEPPE CANGIALOSI Remove NEW ADDRESS  $\square$  Add ☐ Remove Remove  $\prod \Lambda dd$ Remove  $\Box$ Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AMEND ARTICLE III TO READ: THE PURPOSE FOR WHICH THIS LIMITED LIABILITY COMPANY IS ORGANIZED IS: ANY AND ALL LAWFUL BUSINESS Dated NOVEMBER Signature of a member or authorized representative of a member Giuseppe (anaialos)
Typed or printed name of signee

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Filing Fee: \$25.00