

L11 000050534

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500250751495

08/15/13--01009--008 **25.00

FILED
13 AUG 15 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

22

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bienemaja Bakery & Cafe, LLC (old name)
Name of Limited Liability Company

to change : Sabine's Cake Haus, LLC

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sabine U. Karrisch MORALES

Name of Person

Sabine's Cake HAUS, LLC

Firm/Company

6486 BRAVA WAY

Address

BOCA RATON, FL, 33433

City/State and Zip Code

sabine.morales@bellsouth.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabine MORALES

Name of Person

at (561) 245.0374

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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:

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

13 AUG 15 AM 9:51

FILED

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

Bienemaja Bakery & Cafe, 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 04/28/2011 and assigned
Florida document number L 11 000050534

This amendment is submitted to amend the following:

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

Sabine's Cake Haus, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

stays all the same

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

//

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:

stays all the same

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

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
		stay's all the same	<input type="checkbox"/> Add
		no changes	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

13 AUG 15 AM 9:51
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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

only change is name of business.

Thank you for your help.

Dated 08 / 12 / 2013, Boca Raton

f. Morales.

Signature of a member or authorized representative of a member

Sabine MORALES

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
13 AUG 15 AM 9:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA