## L11000070264

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## **COVER LETTER**

TO:	Registration S Division of Co		š			
SUBJI	<b>?</b> ℃T∙	OUR DAI	LY BREAD, LLC.			
301901	5C1:	· · · · · · · · · · · · · · · · · · ·	ited Liability Company			
The en	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	·		
Please	return all corresp	ondence concerning this matte	r to the following:			
CAI			CARMEN L. ARIAS		_	
			Name of Person			
CUBAN & DOGS CAFE						
	Firm/Company					
	9926 US HWY 441					
	Address					
	LEESBURG, FL 34788					
City/State and Zip Code					ZÜH AUG 15 SECRETARY LAHASSEE	m
		F. mail address:	cubandogs@aol.com (to be used for future annual report notifica	tion	OF STA	M
For fur	ther information	concerning this matter, please		uon)	ORIDA ORIDA	
	CARMEN	OR WILLIAM ARIAS	at ( 407 ) 3	83-6150		
•	Name	of Person	Area Code & Daytime T	Celephone Numbe	er	
Enclose	ed is a check for	the 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)	Certifie	ate of Status &	osed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations lox 6327	STREET/COURIER Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ons er Circle		

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OUR DAILY	BREAD, LLC	•	
(Name of the Limited Liability Comp (A Florida Limited	any as it now appe Liability Company)	ars on our records.)	
The Articles of Organization for this Limited Liability Compan	y were filed on	JUNE 15, 2011	and assigned
Florida document number L11000070264			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	ere:	
The new name must be distinguishable and end with the words "Lin'L.L.C."	nited Liability Com	pany," the designation "LL	C" or the abbreviati
L.L.C.		<b>⋥</b> <sub>0:</sub>	22
Enter new principal offices address, if applicable:		<u></u>	
Principal office address MUST BE A STREET ADDRESS)			Š TI
		SS SS	-5 F
			æ m
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)	•	RID	5
		<b>&gt;</b>	Ľ.O.
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, enter the	name of the no
Name of New Registered Agent:			
New Registered Office Address:	177	nter Florida street addre	
	E.	nier rioriaa sireei aaare.	SS
		, Florida	<b>5</b> : 0 :
	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>	Address	Type of Action
MGRM	WILLIAM ARIAS	2989 ZANDER DRIVE GRAND ISLAND, FL 32735	Add Remove
MGR_	WILLIAM ARIAS	2989 ZANDER DRIVE GRAND ISLAND, FL 32735	✓ Add ☐ Remove
			Add Remove
	<del></del>		dd Germove
			ARY Add
<del></del>			Add
D. If amend	ing any other information, enter	change(s) here: (Attach additional sheets, if necessal	~~~ ~~.}
  Dated			<del></del>
	Signature of a n	nember or authorized representative of a member	
	MILLIAM F	Typed or printed name of signee	

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Filing Fee: \$25.00