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(Address)				
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PICK-UP	WAIT	MAIL		
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(Document Number)				
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B. BOSTICK

MAR - 9 2012

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT: The	Baking C Name of Limi	Halls LLC ited Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	omitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	Chand	Name of Person			
		Firm/Company	 .		
·	6900 Bi	cayne Blvd #6			
	Mian	1. FL. 33138 City/State and Zip Code		20	
	E-mail address: (1	to be used for future annual report notification)			THE STATE OF THE S
For further information cor	ncerning this matter, please c	all:		- ಮೋ. - ಆಗ್ - ಕ್ರೀಕ್	J. C
Chanda Name of I	Carroll	at (305) 318.45 Area Code & Daytime Teleph	62 one Number		**************************************
Enclosed is a check for the	following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Certificate Certified C (additional	of Status	xd)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Baking (girds, LLC		
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on da Limited Liability Company)	our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L 11 0 000 9 2 3</u>	y Company were filed on <u>08</u> 849	12/2011 and assigned	
This amendment is submitted to amend the following	:	•	
A. If amending name, enter the new name of the l	imited liability company here:	,	
The Baking girl Co	ike Shop, LL	<i></i>	
The new name must be distinguishable and end with the L.L.C."	words "Limited Liability Company,"	the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET AD	DRESS)		
		Po N	
Enter new mailing address, if applicable:		(A) (A) Section (A)	
(Mailing address MAY BE A POST OFFICE BOX)		-D 233	
Annual Period Victoria		- 15 Variety	
		72	
B. If amending the registered agent and/or reg		ecords, enter the name of the new	
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.

Ä

MGR = Manager

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:

MGRM = Managing Member **Title** <u>Name</u> **Address Type of Action** MGR □ Add **✓** Remove Add Remove _□ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 01/24/2012 Signature of a member or authorized representative of a member Manda (arroli Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00