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D. SRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

Fornax International Bakery, LLC

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:

Sandor Volford

Name of Person

Fornax International Bakery, LLC

Firm/Company

20533 BISCAYNE BLVD., SUITE 4-781

Address

AVENTURA, FL 33180

City/State and Zip Code

pilles12@gmail.com

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

For further information concerning this matter, please call:

Peter Illes

ຼ,305、**393-916**0

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 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:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Fornax International Bakery, LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on ou a Limited Liability Company)	r records.)
The Articles of Organization for this Limited Liability Florida document number L11000111251	Company were filed on 09/28/20	11 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
	 	27
Enter new mailing address, if applicable:		And T
(Mailing address MAY BE A POST OFFICE BOX)		ON NOTES
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		cords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Flor	rida 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sandor Volford		Add
		5 E 22ST STREET, 18K NEW YORK, NY 10010	Remove
MGMR	Patikatrend Kft.	12 CSABA STREET BUDAPEST, HUNGARY, HU 1122 HU	J Add
			Remove
			_ _
		············-	Remove
			Add
		TA A SOUTH OF THE	Remove
		STAL.	Add
			Remove
			Add
			Remove

. If amending any othe	r information, enter change(s) here: (Attach additional sheets, if necessary.)
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	0010
_{ated} July 18	, 2013
	1 de de la constante de la con
	Signature of a member or authorized representative of a member
	SANDOR VOLFORD
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00