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J. BRYAN

SEP 1 8 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: SWEET REVOLUTION BAKING COMPANY 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:	
CATTERINE RIEHTM Name of Person	
Firm/Company	
4257 GAIZIBALDI AYSNUE	r
Firm/Company 4)57 GAZIBALDI AYSNUE Address JACKSONYIUE FL 37ZIO City/State and Zip Code PHCATE 85 @ GMAIL . COM E-mail address: (to be used for future annual report notification)	う
Pt/Cate 85 @ 6Mg/l. Com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at (914) 708 - 7800 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} Certified	

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**

SWEET PEVOLUTION BAKIN		
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	were filed on <u>QU6V5T IS ZOIZ</u> and assigned	
Florida document number <u>L1200087048</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	lity company here:	
OUGAR THEORY BAKING COM	MPANY LLC	
The new name must be distinguishable and end with the words "Limite "L.L.C."		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	2	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		
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.

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 **Title** <u>Name</u> <u>Address</u> **Type of Action** □ 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 SPROMBER 12 1800 Signature of a member or authorized representative of a member MH312/NZ Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00