Division of Corporations Electronic Filing Cover Sheet

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(((H130000340853)))



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Division of Corporations

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Account Name : ACCOUNTANT & MANAGEMENT INC

Account Number : I20110000070 Phone : (305)541-3980

Fax Number

: (305)541**-7**033

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DANISH PASTRY COMPANY LLC

Certificate of Status	0
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COVER LETTER

TO:

Registration Section Division of Corporations

SHRIECT.

DANISH PASTRY COMPANY 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:

MOSES NAE

Name of Person

ACCOUNTANT & MANAGEMENT INC

Firm/Company

1549 NE 123RD ST

Address

NORTH MIAMI, FL 33161

City/State and Zip Code

INFO@SOLUTIONSBYACCOUNTANTS.COM

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

For further information concerning this matter, please call:

MOSES NAE

,305<u>,</u>541-3980

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

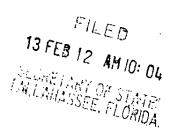
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(additional copy is enclosed)

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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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DANISH PASTRY COMPANY 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 on07/18/2012	2 and assigned				
Florida document number L12000093432	<u></u> .					
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the li	mited liability company bere:					
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Company," the de	signation "LLC" or the abbreviation				
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADD	DRESS)					
Enter new mailing address, if applicable:	,					
(Mailing address MAY BE A POST OFFICE BOX)						
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		ds, enter the name of the new				
Name of New Registered Agent:	<u> </u>					
New Registered Office Address:						
	Enter Florida	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

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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> **Address** Type of Action 3161 S OCEAN DR **MGRM** FRIEDRICH, PERNILLE PHILIPA HALLENDALE BEACH, FL 33009 Remove Remove

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Remove

Dated FEBRUARY 7 , 2013

Signature of a member or authorized representative of a member

PAW KRONBORG

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00