213000031804

Office Use Only



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2015 DEC 28 PM 5: 41

K.SALY EXAMINER DEC 28 2015



November 13, 2015

PETIT BAKERY CAFE LLC JOEL D. LEDEZMA 5781 CORAL RIDGE DR. CORAL SPRINGS, FL. 33076

SUBJECT: PETIT BAKERY CAFE LLC

Ref. Number: L13000031804

We have received your document for PETIT BAKERY CAFE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted is incomplete. Enclosed is an amendment for your convenience. Please return complete document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 315A00024007

PETIT BAKERY CAFÉ LLC 5461 N UNIVERSITY DR STE 104 CORAL SPRINGS FL 33067 (954)709-9204

To:

DIVISION OF CORPORATIONS

Attn:

KARON

Fax No.:

(850) 245-6030

From:

JOEL LEDEZMA

Date:

DECEMBER 28, 2015

Re:

AMENDMENT

Memo:

PETIT BAKERY CAFÉ LLC

Should you have any questions, please do not hesitate to contact our office. Thank you.

You should receive 5 page(s) including this cover sheet.

NOTICE: The information contained in this transmission is attorney privileged and confidential. It is intended only for the use of the individual or entity named above. If the reader of this message is not the intended recipient, you are hereby notified that any dissemination, distribution or copy of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone by collect and return the original message to us at the above address via the U.S. Postal Service. We will reimburse you for postage. Thank you.



COVER LETTER

TO: Reg Div	istration Sec ision of Corp	ction porations							
STIBTECT:	PETIT BAK	ERY CAFE LLC							
SUBJECT: Name of Limited Liability Company									
The enclosed	The enclosed Articles of Amendment and fee(s) are submitted for filing.								
Please return all correspondence concerning this matter to the following:									
	JOEL LEDEZMA								
Name of Person									
PETIT BAKERY CAFE LLC									
Firm/Company									
5461 N University Dr Ste 104									
			Address						
Coral Springs Ft 33067									
City/State and Zip Code									
	zuilam@hotmail.com E-mail address: (to be used for future annual report notification)								
For further in	formation cor	ocerning this matter, please ca	•	· · · · · · · · · · · · · · · · · · ·					
Joel Ledezma	Joel Ledezma 954 709-9204								
Name of Person				aytime Telephone Number	*******				
Enclosed is a	check for the	following amount:							
□ \$25.00 Fil	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (of Status &				

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

12-28-15 13:45 FROM-SUNTRUST	954-796-5176	T-641 P0003/0005 F-256
ARTICLE	S OF AMENDMENT	
	TO	
ARTICLES	OF ORGANIZATION	11/2
	OF	201500-
•	ry Cafe LL	76/ x 1/2 · · · · · · · · · · · · · · · · · · ·
(Name of the Limited Ciability (A Florida	y Company as it now appears on our rec Limited Liability Company)	ords.) MASSA OF SH
The Articles of Organization for this Limited Liability C Florida document number L13000031804		and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ted liability company here:	
The new name must be distinguishable and contain the words "Limi	ted Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		Minarial A
· •••		71010
<u>Principal office address MUST BE A STREET ADDR</u>		- F 370(F
	Coral Spr.	M330EL
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	
THE PROPERTY OF THE PROPERTY O		
	- 19	
 If amending the registered agent and/or regist egistered agent and/or the new registered office addr 	ered office address on our recoress here:	ds, enter the name of the new
Name of New Registered Agent:		
Traine of they registered agent.		
New Registered Office Address:	Enter Florida street addi	wee
	Trues 1. Ionald 21, 661 (1971)	
		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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	JOEL LEDEZMA	5461 N University Dr Ste 104 Coral Selives	
			Remove
			Change
-			Add
			□ Remove
			Change
			Add C
			Addr 28 PH 5: H
			Add
			□ Remove
			Change
			Add
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated ____NOVEMBER, 05 2015 Signature of a member or authorized representative of a member FRANCISCO CORDOVA Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00