Bread and Casse

Florida Department of State **Division** of Corporations Electronic Filing Cover Sheet

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To:		JUN	11
	Division of Corporations	N REF	E
	Fax Number : (850)617-6383	SSE SSE B	י ררח
Fro	n: :	no 💌	1.1
	Account Name : BROAD AND CASSEL (ORLANDO)	ELS T	
	Account Number : 119980000090	<u> </u>	
	Phone : (407)839-4200	RA O	
	Fax Number : (407)839-4264	Đr. F	

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*



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ARTICLES	OF AMENDMENT TO			
ARTICLES	DF ORGANIZATION		10	1. P. 1.
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			Start S	Ē
Orange County Pavillion, LLC	Company as it now manager on our	TREW'IE )		0
A Florida	Company as it now appears on our mited Liability Company)	THE PARTY	Sec.	2
The Articles of Organization for this Limited Liability Cor	npany were filed on 05/07/2013	3	und assigned	0
Iorida document number L13000067047				0
_			AIC -	E F
This amendment is submitted to amend the following:			7	
A. If smending name, <u>enter the new name of the limite</u>	d liability company here:			
he new name must be distinguishable and contain the words "Limite			· · · · · · · · · · · · · · · · · · ·	
"he new name must be distinguishable and contain the words "Limite	i Liability Company," the designatio	a "LLC" or the abb	eviation "L.L.C."	
Inter new principal offices address, if applicable:	<u> </u>			
Principal office address MUST BE A STREET ADDRE	<u>\$\$9</u>			
	··· <u>····························</u>			
Enter new mailing address, if applicable:				
<u>Mailing address MAY BE A POST OFFICE BOX</u>				
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		ecords, <u>enter (</u>	he name of the new	<u>Y</u>
3. If amending the registered agent and/or register	ed office address on our r			
3. If amending the registered agent and/or registered agent and/or the new registered office addre				
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egistered agent and/or the new registered office addres	ss hore: Enter Morida surrei			
egistered agent and/or the new registered office addres	s <u>s hore</u> : Enter Plorida stree City	uddress.	Zip Code	

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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MGR = Manager AMBR = Authorized Member

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Title	Name	Address	Type of Action
MGR	Maria Chavez	P.O. Box 5757	🖸 Add
		Winter Park, Florida 32793	Renove
			Change
MGR	Aman Rahbarian	P.O. Box 5757	🖬 Add
		Winter Park, Florida 32793	D Remove
			Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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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	June 28, 2016
-	
	Signature of a member or authorized representative of a member
	Arman Rahbarian, authorized representative

Typed or printed name of signee



## Filing Fee: \$25.00

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