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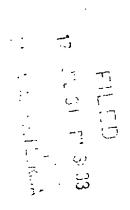
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COVER LETTER

TO: Registration Se Division of Cor							
	BAKERY AND RESTAUR	ANT LLC					
SUBJECT:	Name of Lim	nited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.					
	ndence concerning this matter						
·		Ì					
	EDWARD W. SANTIAG	0					
		Name of Person					
	EL PONCENO RESTAU	RANT					
		Firm/Company					
	3225 S JOHN YOUNG PI	KWY					
		Address					
	KISSIMMEE, FL 34746						
		City/State and Zip Co	ode				
	NESTORS84@CFL.RR.CO	DM to be used for future and	neal report position	nion)			
For further information co	oncerning this matter, please c		1	••••	=: ;	a)	
NESTOR SANTIAGO		407	1744-2410			٠,	
Name of	Person	at () Area Code	Daytime T	elephone Number		([†]	-
					-		, <u>-</u>
Enclosed is a check for th	e following amount:				· -	ယ္	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing F Certified Copy (additional copy i	, '	□ \$60.00 Filing Certificate of Certified Cop (additional copy	f Staitús & oy		
Registra Division P.O. Bo	NG ADDRESS: ation Section to of Corporations ox 6327 ssee, FL 32314	Regis Divis Clifto	EET/COURIER stration Section ion of Corporation Building Executive Cente	ons			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TROPICAL BAKERY AND RESTAURANT LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L13000102038 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: N/A (Principal office address MUST BE A STREET ADDRESS) N/A N/A Enter new mailing address, if applicable: N/A (Mailing address MAY BE A POST OFFICE BOX) N/A B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here: EDWARD W. SANTIÁGO Name of New Registered Agent: 35 YORK CT New Registered Office Address: Enter Florida street address KISSIMMEE

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 Title Title Name **Address Type of Action** MGR EDWARD W. SANTIAGO 35 YORK CT **∭** ∧dd KISSIMMEE, FL 34758 ☐ Remove ☐ Change MGR **NESTOR SANTIAGO** 35 YORK CT _**jX**(Add KISSIMMEE, FL 34758 ☐ Remove ☐ Change MGR JESSICA ARCE 1445 BROOKSIDE AVE □ Add KISSIMMEE FL 34744 X Remove ☐ Change 3225 S JOHN YOUNG PKWY MGR CARLOS L. PACHECO \square Add KISSIMMEE FL 34746 Remove ☐ Change .□ Řemově⊡ ☐ Remove ☐ Change

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effective date is listed, the date must be specific and cannot be prior to date of filing or me: If the date inserted in this block does not meet the applicable statutory filing ment's effective date on the Department of State's records.	(optional) ore than 90 days after filing.) Pursuant to 605,02 requirements, this date will not be listed
ecord specifies a delayed effective date, but not an effective ti e 90th day after the record is filed.	me, at 12:01 a.m. on the earlier
, 07/19/2017	
·	<u>.</u>
Ent 6 Sugar	.i.
Signature of a member or authorized representative of	. 97
EDWARD W. SANTIAGO	· သ • ့ သ

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Filing Fee: \$25.00