(Re	equestor's Name)	_
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



900277695479

10/06/15--01017--009 **25.00

OCT 0 9 2015 Y SULKER

COVER LETTER

Division of Corporations
SUBJECT: GERMAN AMERICAN BAKERY CIUB 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:
Thomas Kobe Name of Person
Vote Consulting Corp
24790 Ebro Ct Address
Bonita Springs FL 34135 City/State and Rib Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Thomas or Ulla Koloe at 239, 258 – 2071 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(additional copy is enclosed)}\$\$}

MAILING ADDRESS:

TO:

Registration Section

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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Comp	pany as it now appears on our records.)	<u></u>	
(A Florida Limited	Liability Company)		
The Articles of Organization for this Limited Liability Company	y were filed on <u>OB 1291201</u>	3 and assigned	
Florida document number <u>L13000123347</u> .			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
Gierman American Bayer The new name must be distinguishable and contain the words "Limited Lists	of the Club U	bbreviation "L.L.C."	
Enter new principal offices address, if applicable:	3172 Guif of	Mexico Dr	
, ,	1 a pahasi Vas	# 3H227	
(Principal office address MUST BE A STREET ADDRESS)	congratt meg !	10 0.1220	
Enter new mailing address, if applicable:	***		
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered oregistered agent and/or the new registered office address he	· 	the name of the nev	¥
registered agent and/or the new registered office address ne	<u> </u>	Egg C C	
Name of New Projection I Ament.		表現する	
Name of New Registered Agent:			
New Registered Office Address:	1110 m L L L L	me R	
	Enter Florida street address	<u> </u>	į
	, Florida	O	
	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

	,						
							_
							-
70.1 F							-
							_
		<u> </u>				· · ·	_
							.
							-
					· · · · · ·	 ,	-
****			····				_
							_
						7.00 ·	A
							5 응
		-				HASS	1
							⊙
						E. P.S	AM 10: 00
					· · · · · · · · · · · · · · · · · · ·	FLORID	00
						DE.	
Note: If the date	f other than the date s listed, the date must be s inserted in this block d tive date on the Departs	loes not meet the	applicable statuto	ing of more man 70	(optional) days after filing.) P nents, this date wi	ursuant to 60 II not be lis	5.0207 ted as
accument 3 ence		octivo data Li	ut not an effec	ctive time, at	12:01 a.m. on	the earli	ier of
ne record spec	cifies a delayed effor y after the record i	is filed.		ŗ			
ne record spec The 90th day	ifies a delayed efformation of the control of the c	is filed.		·			
ne record spec The 90th day	y after the record i	is filed.	·				

Page 3 of 3

Filing Fee: \$25.00