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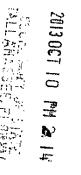
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## **COVER LETTER**

TO: Registration Section
Division of Corporations

Delray Bake Shop, 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:

Stephen O'Leary

Name of Person

Delray Bake Shop, LLC

Firm/Company

23093 Old Inlet Bridge Drive

Address

Boca Raton, FL 33433

City/State and Zip Code

info@delraybakeshop.com

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

For further information concerning this matter, please call:

Stephen O'Leary

561 441-6100

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

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

**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 OF

Delray Bake Shop, LLC		
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears on our records.) ed Liability Company)	
The Articles of Organization for this Limited Liability Compa	any were filed on September 23, 2013	and assigned
Florida document number L13000133671	·	_ ~
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and end with the words "L	imited Liability Company," the designation "LL	C" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS	2	28
	<u>-</u> >	
Enter new mailing address, if applicable:	· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)	Ę	
	ı,	
	į.	
B. If amending the registered agent and/or registered		name of the new
registered agent and/or the new registered office address l	<u>here</u> :	
Name of New Registered Agent:	<del> </del>	<del> </del>
New Registered Office Address:		
	Enter Florida street addre	SS
· <del></del>	, Florida	
	City	Zin 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

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 Title <u>Name</u> Address **Type of Action** 814 N.E. 6th Ave. Stephen D. O'Leary **MGR** Delray Beach, FL 33483 814 N.E. 6th Ave. Stephen D. O'Leary **MGRM** Delray Beach, FL 33483 Remove Remove

). If amending any other information, ente	er change(s) here: (Attach additional sheets, if necessary.)
October 6,	2013
Derolum D. O.	Thank
Signature of a Signature of a	a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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