

L13000151146

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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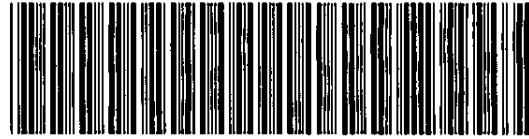
(Business Entity Name)

(Document Number)

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14 JAN 10 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JAN 17 2014

T. BROWN

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: P.R BAKERY AND RESTAURANT 2 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:

**MOSES RIVERA JR**

Name of Person

**P.R BAKERY AND RESTAURANT LLC**

Firm/Company

**1901 SOUTH JOHN YOUNG PKWY**

Address

**KISSIMMEE, FL 34758**

City/State and Zip Code

**morivera2@msn.com**

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

For further information concerning this matter, please call:

**MOSES RIVERA JR**

Name of Person

at **716 465-3367**

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**

**P.R.BAKERY AND RESTAURANT 2 LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
14 JAN 10 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 10/28/2013 and assigned  
Florida document number L13000151146.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

1901. SOUTH JOHN YOUNG PKWY  
KISSIMMEE, FL 34758

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

MOSES RIVERA JR

New Registered Office Address:

1901 SOUTH JOHN YOUNG PKWY

*Enter Florida street address*

KISSIMMEE

Florida 34746

*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.*

*Moses Rivera Jr*  
**If Changing Registered Agent, Signature of New Registered Agent**

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KATHERINE GONZALEZ	775 DEL PRADO DR	<input type="checkbox"/> Add
		KISSIMMEE, FL 34758	<input checked="" type="checkbox"/> Remove
MGRM	MOSES RIVERA JR	1901 SOUTH JOHN YOUNG PKWY	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input type="checkbox"/> Remove
MGRM	SUSAN CABRERA	1901 SOUTH JOHN YOUNG PKWY	<input checked="" type="checkbox"/> Add
		KISSIMMEE, FL 34746	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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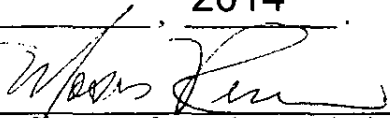
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be more than 90 days after filing.) (605.0207 (3)(b))*

Dated **JANUARY 03**, **2014**



Signature of a member or authorized representative of a member

*Moses Rivera*

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**