L15000056785

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne) .
(Do	ocument Number)	·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		,

Office Use Only



800273053198

05/22/15--01003--007 **25.00

SEURLIARY OF STATE
ALLAHASSEE, FLORIBA

MAY 2 6 2015 T. BROWN

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Cinnamon SWIRI Bakeries TARPON SpRINGS 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:
Kenneth Stephens
Name of Person
Cinnamon Swial Bakeries LLC
Firm/Company
5018 JANICE lane
Holiday /FL / 34690
City/State and Zip Code KBS+ephens 33 p Vahoo Com E-mail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Variable Office of
Name of Person at (56) Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\times \text{Certificate of Status}\$ \$\times \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$ \$Certified Copy (additional copy is enclosed)\$\$\$ \$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

Innamon Win	Bakevics Tanp ed Liability Company as it now appear (A Florida Limited Liability Company)	UN SORING	s LLC
The Articles of Organization for this Limited Li Florida document number <u>L 15 0000</u>	ability Company were filed on		2 and assigned
This amendment is submitted to amend the following	owing:		۶
A. If amending name, enter the new name of	the limited liability company he	re:	一 一
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the de	esignation "LLC" or the ab	breviation (L.C.)
Enter new principal offices address, if applica	able:		P
(Principal office address MUST BE A STREE	T ADDRESS)		70 70
			200
Enter new mailing address, if applicable:			→
(Mailing address MAY BE A POST OFFICE)	BOX)		
B. If amending the registered agent and/oregistered agent and/or the new registered of		our records, enter	the name of the new
Name of New Registered Agent:	Ohristiane E	stephens	
New Registered Office Address:	5018 Janice	an e	
	Holiday	, Florida	34690
	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

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 <u>Title</u> <u>Name</u> <u>Address</u> **Type of Action** Cinnamon Swirl Bakeries UC 5018 Janice lane Holiday Fl 34690 ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove _□ Change _□ Add ☐ Remove

_□ Change

	TAX ID - 47-3386590
_	
_	
-	
-	
-	
_	
_	
	
_	
_	
_	
(If an effe Note:	ve date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated ₋	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00