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SECRETARY OF STATE

T. HOMPTON

COVER LETTER

Divi	sion of Corp	orations		
SUBJECT:	LUCKY FE	ET BAKING GOODS CO. L.	L.C.,	
SUBJECT		Name of Lim	ited Liability Company	
The enclosed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspor	dence concerning this matter	to the following:	
		Ahmet M. Akkemik		
			Name of Person	
		Akkemik		
			Firm/Company	
		23109 AQUA VIEW APT	.3	
			Address	
		BOCA RATON FL 33433		
			City/State and Zip Code	
		murat@akkemik.net		
		E-mail address: (to be used for future annual report notific	cation)
For further in	formation co	ncerning this matter, please ca	all:	
Ahmet M. A			at ()	Telephone Number
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$25.00 Fi	iling 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:

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 TO ARTICLES OF ORGANIZATION **OF**

LUCKY FEET BAKING GOODS CO. L.L.C.,		
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our record Liability Company)	rds.)
The Articles of Organization for this Limited Liability Compar Florida document number L15000073885	ny were filed on 04/27/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lis	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "LI	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		SECR. W
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		NIG AMII: 51 HASSEE FLORID
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ds, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ress
	. I	Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	<u>ıt:</u>	

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>	Address	Type of Action
AMBR	MERT SERTER	5607 NW 38TH AVE	Add
		BOCA RATON FL 33496	□ Remove
			□ Change
MGR	PINAR AKKEMIK	5607 NW 38TH AVE	Add
		BOCA RATON FL 33496	Remove
			☐ Change
AR	AHMET M. AKKEMIK	23109 AQUA VIEW APT.3	Add
		BOCA RATON FL 33433	☐ Remove
			■ Change
			Add
			□ Remove
			□ Change
			Add SECEMON SECTION SE
			□ Remove



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	st be specific and cannot be prior to d	late of filing or more than 90 day	(optional) ys after filing.) Pursuant to 605.02 tts, this date will not be listed a
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