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COVER LETTER

TO:	Registration Se Division of Co		•	
SUBJI		ian Bakery, LLC		
зова	rci:	Name of Limi	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter	to the following:	
		Miguel Angel M. Mondesin	r	
		to Bright 11.	Name of Person	
		R M R Aytian Bakery, LLC	2	
			Firm/Company	
		316 S 1ST ST		
		-	Address	
		IMMOKALEE, FL 34142		
		mondesir1410@icloud.com	City/State and Zip Code	
		E-mail address: ()	to be used for future annual report notifi	cation)
For fu	urther information	concerning this matter, please ca	all:	
Raym	nond Carrero, Esq.		305 358-9495 at ()	
	Name	of Person	Area Code Daytime	Telephone Number
Enclo	sed is a check for	the following amount:		
■ \$3	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

R M R Aytian Bakery, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L15000206328 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 contain 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) 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: New Registered Office Address: Enter Florida street address City 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

If Changing Registered Agent, Signature of New Registered Agent

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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Carlos Faustin	4963 Golden Gate Parkway	
		Naples, FL 33116	
			Remove
			Change
MGR	Raymier Miguel R. Mondesir	9581 FONTAINEBLEAU BLVD A	
		Miami, FL 33172	■ Remove
			Change
			Add
			Remove
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ective date, if other than the	date of filing:		(o	ptional)	
reffective date is listed, the date mus	t be specific and cannot be	prior to date of filing	or more than 90 days a	fter tiling.) Pursuant	t to 605.02
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record specifies a delayed The 90th day after the reco	ord is filed.	t not an enectiv	ve time, at 12:0	i a.iii, oii tiie	earner
February 27 ed	2018				
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	Signature of a member or	authorized represent	ative of a member		- 要罢
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Miguel Angel M. Mondo	esír			-m	3

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Filing Fee: \$25.00