## LICOW20102

Req	uestor's Name)	
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## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: Bulla	King Bake	es L.L. C ted Liability Company	<del></del>
The enclosed Articles of Ame	endment and fee(s) are subr	mitted for filing.	
Please return all corresponder	nce concerning this matter t	to the following:	
-	Wilfred 1	Name of Person	<del> </del>
-	Bulla Kir	Bakes Firm/Company	
-	4461 NW	21 St St Address	
-	Lauderhill,	FI 33313 City/State and Zip Code	
	Wibruan 19 Empli address: (to	@ yahoo - Com o be wed for future annual report notifi	cation) TAUL AHASSE
For further information conce	rning this matter, please ca	dl:	HASSS TO
Wilfred Bryen	<u>an</u> son	at ( <u>954</u> ) <u>225</u> Area Code Daytime	5484 P 2 31
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fee	3\$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)
Registration Division of P.O. Box 6	Corporations	STREET/COURIE Registration Section Division of Corpora Clifton Building 2661 Executive Cer	n utions

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bulla King K	akes L	. <u>L</u> .C		
(Name of the Limited	Liability Company Florida Limited Lia	as it now appears on or bility Company)	ur records.)	
The Articles of Organization for this Limited Lial Florida document number 16000020		ere filed on $1-2^{\circ}$	8-2016	and assigned
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liabili	y company here:		
N	1A			
The new name must be distinguishable and contain the wor	ds "Limited Liability	Company," the designat	tion "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applical	ole:	NA		
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	<u>ox</u> )	N/A		
B. If amending the registered agent and/or registered agent and/or the new registered offi		ce address on our	records, ente	r the name of the new
Name of New Registered Agent:	Wilfred	Bryan		2016
New Registered Office Address:	4461 NU	Enter Florida str	eet address	
	Laudert	City	, Florida	\(\frac{13343}{\text{N}}\) Zip Code
New Registered Agent's Signature, if changing Re	gistered Agent:		Similar P	ω Ľ

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.

MULANCE TSILINA

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
MGR	Wilfred Bryan	4461 NW 21 <sup>St</sup> St Lauderhill, Il 33313	Z Add
			□ Remove
			Change
AMBR	Veronica Thompson	4461 NW 21st St Laudechill, 11 33313	Add
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ive date, if other than the date of filing:ective date is listed, the date must be specific and cannot be prior to date of fi	ling or more than 90 days after f	
If the date inserted in this block does not meet the applicable statutent's effective date on the Department of State's records.	ory filing requirements, this	date will not be li
•		
cord specifies a delayed effective date, but not an effe	ective time, at 12:01 a.	m. on the ear
90th day after the record is filed.		
215/16		
2/5/16, Signature of a member or authorized repre		
10 f		

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Filing Fee: \$25.00