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COVER LETTER

TO: Registration Sec Division of Corp		*	*
SUBJECT: THE	PASTA MAKERS LLC		•
SUBJECT:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	Derrick C. Mo	or ales	
		Name of Person	
	DC Morales	Law	
	<u> </u>	Firm/Company	· · · · · · · · · · · · · · · · · · ·
	1926 NE	154th St.	
		Address	
	N. Miami Beach	n, FL 33162	
		City/State and Zip Code	
		no rales law. com to be used for future annual report notific	eation)
For further information co	oncerning this matter, please ca	·	
Derrick C. Moral		at (186) 475 - 16 Area Code Daytime	15
Name of	Person	Area Code Daytime	l'elephone Number
Enclosed is a check for th	e 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

THE PASTA MAKE (Name of the Limited Liability (A Florida	ty Company as it now appears on our re Limited Liability Company)	cords.)
The Articles of Organization for this Limited Liability C	company were filed on 02/93/2	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limi	ited liability company here:	
BAKE SHOP 314 LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	PESS)	7
		APR
		24
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		ယ္ ခိုင္ရ
		05
3. If amending the registered agent and/or registered agent and/or the new registered office add		ords, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	ldress
		, Florida
	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 **Title** <u>Name</u> **Address Type of Action** □ Add ☐ Remove ☐ Change □ Addi: Remove ြ Change ယ ☐ Remove

☐ Change

, amen	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		
		
		
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ocumen e reco	e date, if other than the date of filing:	ill not be listed as t
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	100	٠
	Signature of a member or authorized representative of a member	
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	· · · · · · · · · · · · · · · · · · ·	<i>₽</i> •3;
	MICHAEL T. MCGOWAN Typed or printed name of signee	<u> 2</u> 3
	Typed or printed name of signee	AFR 24 PH 3:

Filing Fee: \$25.00