## 1/600033766

(Re	equestor's Name)	<u>.</u>
(Ac	ldress)	
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(Ci	ty/State/Zip/Phon	e #)
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## COVER LETTER

Division of Corp	orations		
SUBJECT:	O&PBA	KERY, LLC	
	Name of Lin	nited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of A	mendment and fee(s) are sui	bmitted for filing.	•
Please return all correspon	dence concerning this matte	-	Commence of the Commence of th
		OMAR PERDOMO	
		Name of Person	<del></del>
		O & P BAKERY, LLC	
	<del></del>	Firm/Company	· .
		9160 NW 122ND STREI	ET NO 17
		Address	·
	· · · · · · · · · · · · · · · · · · ·	HIALEAH, FL 33018	Commence of the commence of th
		City/State and Zip Code	
	· ·	omarperdomo62@yah	
For further information co	ncerning this matter, please		report (outstander)
OSCAR HE	RNANDEZ	786	925-5553
Name of	Person	Area Code	Daytime Telephone Number
	** * ** **		
Enclosed is a check for the	following amount:		
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certifled Copy (additional copy is en	Certificate of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Taliahassee, FL 32314

TO:

Registration Section

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(38) 11 · 11 · 12

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	akery, LLC			
(Name of the Limited Liability Corner (A Florida Limited	any as it now appears on Liability Company)	our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	02/17/2016	and assigned	ł
Florida document numberL16000033766				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company." the design	nation "LLC" or the a	<b></b>	<del></del>
Enter new principal offices address, if applicable:		·		
(Principal office address MUST BE A STREET ADDRESS)		<del></del>		
			55 01 15 × -	fater seems
			me	П
Rater new mailing address, if applicable:	<del></del>		<del>-5:2</del>	C
(Mailing address MAY BE A POST OFFICE BOX)	<del></del>	·	\(\text{RF}\) \(\text{F}\) \(\text{P}\) \(\text{P}\)	
	<del></del>	<del></del> _	<u> </u>	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		r records, <u>ente</u>	the name of th	е леж
Name of New Registered Agent:				
New Registered Office Address:			<del></del> _	
	Enter Florida :	street address		
<del></del>	City	, Florida _	Zio Code	
	City		Alp Coar	

## 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>	Name	Address	Type of Action
AMBR	YOSEYLAN PERDOMO	347 W 32 ST. HIALEAH, FL 33012	Add
			□ Remove
			Change
AMBR	PEDRO SANTALLA	7935 NW 171 ST. Hialcah, FL 33015	[] Add
			Remove
			Change
			🖸 Add
			C Remove
			Change
			🖸 Add
	,	,	
			C Change
			Add  Remove
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			TATE D Remove

	ng any other information, enter change(s) here: (Attach additional sheets, if n			_
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<u>te:</u> 11'1	date, if other than the date of filing:	ptional) der filing.) I this date w	Pursuant to 6 ill not be li	05.02 sted a
recor he 90	d specifies a delayed effective date, but not an effective time, at 12:0 ith day after the record is filed.	1 a.m. o	n the ear	lier
ed	06/18/16	*****	23	
	+ (Juean	7.2 7.2	um um um um	TiPes G
	Signature of a member or authorized representative of a member	HAT S	m	Anna anna anna anna anna anna anna anna
	OMAR PERDOMO Typed or printed name of signee	2 1 <b>3</b> ~ <b>₹</b> +	· <u></u>	
	typed or princed signic of signice	)F ST	ט —	C
	Page 3 of 3	)RIC	7: 2	•

Filing Fee: \$25.00