## L16000045368

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TALL AHASSEE, FLORIDA

1. HARRIS

## **COVER LETTER**

TO: Registration So Division of Cor			
Sunrise Ba SUBJECT:			
SUBJECT:	Name of Limi	ted Liability Company	
	Amendment and fee(s) are submondence concerning this matter	_	
	Dave Roberts		
		Name of Person	<del></del>
	Sunrise Bakers, LLC		
	<del></del>	Firm/Company	
	503 Second Street		
		Address	<del>.</del>
	Cabool, MO 65689		
		City/State and Zip Code	
	daverr122@gmail.com		
	E-mail address: (1	to be used for future annual report noti	fication)
For further information of	concerning this matter, please ca	ıll:	
Dave Roberts		417 962-2600 at ( )	
Name o	of Person		e Telephone Number
Enclosed is a check for t	he 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

Sunrise Bakers, LLC		
( <u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears on our rec a Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability C	Company were filed on March 3, 2016	and assigned
Florida document number L16000045368	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "I	.LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	ACC S
		7-5
Future many marilians address of annihilation		en e
Enter new mailing address, if applicable:		namenta
(Mailing address MAY BE A POST OFFICE BOX)		S RATIONAL STATES
		<u> </u>
		ŕ
B. If amending the registered agent and/or registered agent and/or the new registered office add		rds, enter the name of the new
registered agent and/or the new registered office add	aress nere.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street add	dress
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mahesh B. Patel	1493 S. Sam Houston Blvd.	■ Add
		Houston, MO 65483	Remove
		· · · · · · · · · · · · · · · · · · ·	□ Change
			□ Add
			□ Remove
			Change
		<del> </del>	Add
			□ Remove
			□ Change
			Add
			Remove  Remove  CR GC HT
			ORIGE G-Remove
			☐ Change
		<del></del> .	
			Remove
			☐ Change

	ed 5% membership interest from Dennis Dice, co-founder of Sur- sses and voting rights as an active Member of the Limited Liabil	
	nsfer Agreement dated June 14, 2016 with Mr. Dennis Dice retai	
as a Member of the Limited	Liability Company. Mr. Dave Roberts retains 51% ownership w	rith final say on all
matters and decisions within	Sunrise Bakers, LLC.	
Please amend the Street and	Mailing address of the principal office of the Limited Liability C	Company to:
503 Second Street, Cabool, 1	MO 65689	
Please amend the address of	Member Dave Roberts to:	
1217 Crown Road, Anchora	ge, AK 99709	
<del> </del>		
lote: If the date inserted in this blocument's effective date on the Deep record specifies a delayer	st be specific and cannot be prior to date of filing or more than 90 days aft lock does not meet the applicable statutory filing requirements, the partment of State's records.  d effective date, but not an effective time, at 12:01	his date will not be listed
The 90th day after the rec	ord is filed.	
ated August	, 2016	<u></u> ,
illel-	Signature of a member or authorized representative of a member	ALLAH SEGREI
Dave Roberts		
-	Typed or printed name of signee	PH 12:

Filing Fee: \$25.00