

8/10/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H18000234385 3)))



H180002343853ABC1

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ASSOCIATED TAX CONSULTANTS GROUP, INC.
Account Number : I20110000056
Phone : (305)823-9292
Fax Number : (305)824-0703

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: ATCGI@Yahoo.Com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BEHIKE BAKERY LLC

| | |
|-----------------------|---------|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help K. SALY
AUG 13 2018

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

BEHIKE BAKERY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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18 AUG 10 PM 10:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/13/2017 and assigned
Florida document number L17000033846

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

DI PANE ARTISAN BAKERY LLC

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:

NORA MONCADA

New Registered Office Address:

10233 NW 51TH TE

Enter Florida street address

DORAL

City

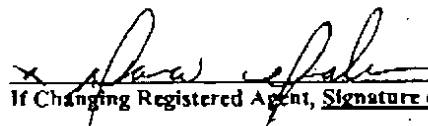
Florida

33178

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 H180002343853, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|-------------------|--|
| MGR | REYES, ANGEL L | 236 E 14 ST | <input type="checkbox"/> Add |
| | | HIALEAH, FL 33010 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | MONCADA, MARIA | 10233 NW 51TH TE | <input checked="" type="checkbox"/> Add |
| | | DORAL, FL 33178 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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D. If amending any other information, enter change(s) H180002343853 additional sheets, if necessary.)

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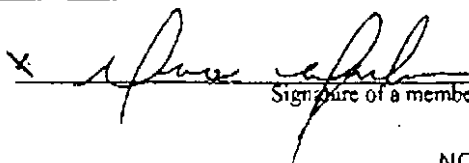
E. Effective date, if other than the date of filing: 08/10/2018 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated 08/10, 2018

x 

Signature of a member or authorized representative of a member

NORA MONCADA

Typed or printed name of signee