Division of Corporations Electronic Filing Cover Sheet

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(((H170001966173)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323) 962-8600

: (323)962-3889 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAEDO'S FAMILY BAKERY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
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7/27/2017

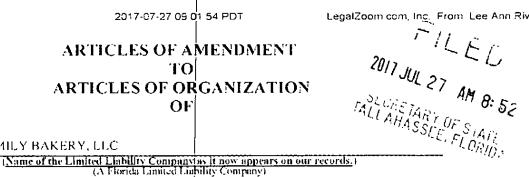
https://efile.sunbiz.org/scripts/efilcovr.exe

JUL 2 8 2017

COVER LETTER

TO: Registration Section Division of Corporations						
	AMILY BAKERY, LLC					
SUBJECT: Name of Limited Liability Company						
The enclosed Articles of A	mendment and fee(s) are sub-	nitted for filing.				
Please return all correspond	lence concerning this matter t	to the following:				
	Cheyenne Moseley					
		rson				
	Legalzoom.com, Inc.					
Firm/Com			pany			
	101 N. Brand Blvd., 11th	i Floor				
		Addres	E			
	Glendale, CA 91203					
		City/State and I	Kip Code			
	Faedosbakery@gmail.cor L-mail address: (t		re annual report noti	fication		
For further information cor	ncerning this matter, please ca	dl:				
Cheyenne Moseley		800	773-0888 e	nt. 9724		
Name of Person at (6de Daytime Telephone Number				
Enclosed is a check for the	following amount:					
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Fil Certified radditional		☐ \$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/COURI Registration Section Division of Corpor Clitton Building 2661 Executive Ce Tallahassee, FL 32	on rations enter Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FAEDO'S FAMILY BAKERY, LLC

company has been notified in writing of this change.

The Articles of Organization for this Limited Liability Company were filed on $\frac{03/01/2017}{1}$ and assigned Florida document number 1.17000047700 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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: New Registered Office Address: Enter Florida street address _, Florida __ City 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

If Changing Registered Agent, Signature of New Registered Agent

Page I of 3

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

To: Page 5 of 6 20

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	anager uthorized Member		
Title	Name	Address	Type of Action
AMBR	Elias Rivera	5150 N Florida Avenue	E Add
		Tampa, FL 33603	☐ Romove
			Add
			□ Renюve
			PRomove 1 L C
			Respore
			C Add
			□ Remove
			□ Кетоуе
	Page 2	2 of 3	

Page 6 of 6 2017-07-27 09:01:54 PDT LegalZoom,com, Inc. From: Lee Ann Rivera D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) (optional) July 24 2017 Dated _ Signature of a member or suptorized representative of a member Michelle Landis Typed or printed name of signee Page 3 of 3 Filing Fee: \$25.00