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(Requestor's Name)
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(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Cartified Coning Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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2021 SEP 27 PM 2: 18

TO FOR ICE

## **COVER LETTER**

BAKED G SUBJECT:	OODS & PASTRIES COMPA	NY LLC			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	RAUL BERMUDEZ				
		Name of Person			
	BERMUDEZ GLOBAL COMPANY LLC				
	Firm/Company				
	95 MERRICK WAY, SUITE 514				
		Address			
	CORAL GABLES, FL 33	134			
		City/State and Zip Code	<del></del>		
	snbookkeeper@gmail.com		<del> </del>		
	E-mail address: (	to be used for future annual report notificati	on)		
For further information c	oncerning this matter, please c	all:		ः 🗠	
Raul Bermudez		754 2469854 at ()			، مچ د
Name of Person Area Code Daytime Telephone Number			ephone Number	SEP 27 Pr 2	
			;	7	. j
Enclosed is a check for th	ne following amount:		,		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	g:Fee of Status & opy	

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

**BAKED GOODS & PASTRIES COMPANY LLC** 

(Name of the Lim	ited Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited I		were filed on 03/23/2017		and assigned
Florida document number L17000066821	·			
his amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name	of the limited liab	ility company here:		
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation	n "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable:		95 MERRICK WAY, S	UITE 514	
(Principal office address MUST BE A STREET ADDRESS)		CORAL GABLES, FL 3	33134	
Inter new mailing address, if applicable:	95 MERRICK WAY, SUITE 514			
Mailing address MAY BE A POST OFFICE BOX)		CORAL GABLES, FL 3	33134	
3. If amending the registered agent and/or gent and/or the new registered office address  Name of New Registered Agent:			enter the name	of the new regis
Name Descriptored Office Address	95 MERRICK WAY, SUITE 514		:	>
New Registered Office Address:		Enter Florida street	address :	
	CORAL GABL	LES	Florida 3313	4 <u>č</u>
		City	;-	Zip Code
iew Registered Agent's Signature, if changing	Registered Agent:			က လ

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	VASQUEZ, VERONICA S	350 S MIAMI AVE #3611	□Add
		MIAMI, FL 33130	<b>≣</b> Remove
			Change
			Add
		<del></del>	Петоче
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			□ Remove
			Change

Typed or printed name of signee