

K17 000066521

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

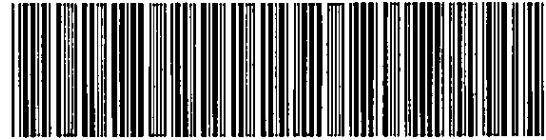
(Business Entity Name)

(Document Number)

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MILWAUKEE, WI

2021 SEP 27 PM 2:18

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OFFICE
OCT 03 2021

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BAKED GOODS & PASTRIES COMPANY LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence 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 33134
City/State and Zip Code

snbookkeeper@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Raul Bermudez at (754) 2469854
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BAKED GOODS & PASTRIES COMPANY LLC

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

The Articles of Organization for this Limited Liability Company were filed on 03/23/2017 and assigned Florida document number L17000066821.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

95 MERRICK WAY, SUITE 514

(Principal office address MUST BE A STREET ADDRESS)

CORAL GABLES, FL 33134

Enter new mailing address, if applicable:

95 MERRICK WAY, SUITE 514

(Mailing address MAY BE A POST OFFICE BOX)

CORAL GABLES, FL 33134

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:

Raul Bermudez

New Registered Office Address:

95 MERRICK WAY, SUITE 514

Enter Florida street address

CORAL GABLES

Florida

33134

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

2021 SEP 27 PM 8:18
TALLAHASSEE, FL
STATE OF FLORIDA
RECORDS & MANAGEMENT

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>	<u>Address</u>	<u>Type of Action</u>
MGR	VASQUEZ, VERONICA S	350 S MIAMI AVE #3611	<input type="checkbox"/> Add
		MIAMI, FL 33130	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2021 SEP 27 PM 2:18
MILLER

FILED

E. Effective date, if other than the date of filing: _____ (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 09/15/2021 _____

Raul Bermudez

Signature of a member or authorized representative of a member

Raul Bermudez

Typed or printed name of signee