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SECRETARY OF STATE

K. SALY NOV 28 2017

## COVER LETTER

TO: Registration Section

. Div	ision of Cor	porations		
SUBJECT:	JPR BAKE	RY LEC		
SOIMET.		Name of Lin	nited Liability Company	
The enclosed	Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ndence concerning this matter	to the following:	
		Mr. Juan Pazos Rome <b>ro</b>		
			Name of Person	
		JPR B	1 . 110	
			Firm/Company	
			• •	
		3650 NW 82 Avenue, Sui	te 404	
			Address	
		Doral, Florida 33166		
		juangpromero@gmail.com	City/State and Zip Code	
			to be used for future annual report no	tification)
For further in	nformation c	oncerning this matter, please o	all:	
Juan Pazos			305 301-5565	
	Name o	f Person		me Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■</b> \$25.00 F		□ \$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			STREET/COUR	RIER ADDRESS:
			Registration Section Division of Corporation	
	P.O. Be	ox 6327	Clifton Building	
	Tallaha	issee, FL 32314	2661 Executive C Tallahassee, FL 3	

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

FILED 2017 NOV 27 PA 4: 3

JPR BAKERY LLC		CARCERTA TO STATE OF
(Name of the Limited Liability Con	ipany as it now appears of	n our records. TLAHASCT OF STATE
IA Florida Limite	ed Liability Company)	n our records. LAHASSEE. FLORIDA
		/2017
The Articles of Organization for this Limited Liability Compa	ny were filed on	and assigned
Florida document number L17000115292		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company horo	
A. If amending name, enter the new name office finited it	ability company here.	•
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the desig	mation "LLC" or the abbreviation "L.L.C."
	3650 NW 82 Aven	ue. Suite 404
Enter new principal offices address, if applicable:	B 1 m 11 221	
(Principal office address MUST BE A STREE <b>T</b> ADDRESS)	Doral, Florida 3310	56
	_	
	3650 NW 82 Aven	Cuita AOA
Enter new mailing address, if applicable:	3630 NW 82 AVEN	uc, Suite 404
(Mailing address MAY BE A POST OFFICE BOX)	Doral, Florida 3316	56
B. If amending the registered agent and/or registered		ur records, enter the name of the no
registered agent and/or the new registered office address h	iere:	
Name of New Registered Agent: Luis Arauz		
2450 NW 92	2 Avenue, Suite 404	
New Registered Office Address:		
<b>I</b>	Enter Florida	street address
Doral		, Florida 33166
·	City	Zip Code
New Registered Agent's Signature, if changing Registered Agen	nt·	
New Registered Agent 8 Signature, it changing Registered Age	<u>iit.</u>	
I hereby accept the appointment as registered <mark>a</mark> gent and a	igree to act in this cap	pacity. I further agree to comply with th
in land of all acatalan ratation to the management gample	ata markarmana at mi	Aution and Lam familiar with and

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

lf amendi	ng Authorized Person(s) authorized	] ] to mana	age, <u>enter th</u>	e title, name, and address o	f each person being added
or remove MGR =	d from our records: Manager				
AMBR = Title	Authorized Member <u>Name</u>		<u>Address</u>	FILED 2017 NOV 27 PA 4: 3	Type of Action
<del>\</del>				SECRETARY OF STATE FALLAHASSEE, FLORID	<del>,j</del> □ Add
					Remove
					☐ Change
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D. If amending any other information, enter	change(s) here: (Attach additional sheets, if necessary.)
•	FILED  2017 NOV 27 PR 4: 30
	2017 NOV 27
	SECRETARY 20
	SECRETARY OF STATE  FALLAHASSEE, FLORIDA
	<u> </u>
	1
<del></del>	
E. Effective date, if other than the date of fill	ing:(optional)  and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3
Note: If the date inserted in this block does no document's effective date on the Department o	timeet the applicable statutory filing requirements, this date will not be listed as the
dictanting thethre date on the peparanent	
If the record specifies a delayed effective (b) The 90th day after the record is file.	date, but not an effective time, at 12:01 a.m. on the earlier of:
Dated November _ 15th	2017
Signature of	amember of authorized representative of a member
JUAN PAZOS ROMERO	Typed or printed name of signee
	a yped or printed name or signed
	Page 3 of 3
	Filing Fee: \$25.00