## 117000125864

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(Business Entity Name)
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## **COVER LETTER**

TO: Registration Se Division of Cor			
TheBreadC	ompany.co		
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	indence concerning this matter	to the following:	
	Edison Sabala		
		Name of Person	
	TheBreadCompany.co		
		Firm/Company	<u></u>
	21 SE 1st Ave, 6th		
		Address	
	MIAMI, FL 33131		
		City/State and Zip Code	
	edison@thebreadcompany.s	co to be used for future annual report notifi	
		·	cation)
For further information c	oncerning this matter, please co	all:	
Edison Sabala		917 3762914	
Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Fiting Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy tadditional 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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lim	ited Liability Comp (A Florida Limited	pany as it now appears on d Liability Company)	our records.)	
The Articles of Organization for this Limited I Florida document number 1.17000125864		ny were filed on		_ and assigned
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited lia	ability company here:		
he new name must be distinguishable and contain the	words "Limited Lia	bility Company," the design	nation "LLC" or the abbr	eviation "L.L.C."
Enter new principal offices address, if applicable: 21 SE 1st Ave		21 SE 1st Ave, 6th I	FLMIAMI, FL 33131	
Principal office address MUST BE A STREA	ET ADDRESS)			
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE</u>	EBOX)		:-	17 DB
3. If amending the registered agent and egistered agent and/or the new registered o			r records, <u>enter th</u>	
			į	<b>4</b> 9
Name of New Registered Agent:				
New Registered Office Address:	21 SE 1st Av			
		Enter Florida s	treet address	
	MIAMI		Florida <u></u> .	1
		Ciry		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, 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>	Type of Action
MGR Jenny Ramirez		15552 SW 55 Terrace, Miami, FI3	
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			Change
			Add
			🗖 Remove
			Change
			Remove
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September sective date, if other than the date of filing:  I effective date is listed, the date must be specific and cannot be partial. If the date inserted in this block does not meet the apparament's effective date on the Department of State's reco	plicable statutory:	or more than 90 days	optional) after filing.) Purs , this date will r	uant to 605.0 not be listed
record specifies a delayed effective date, but The 90th day after the record is filed.	not an effectiv	e time, at 12:0	01 a.m. on tl	ne earlie
October 5 2017				
Misi Sel				
Signature of a member or a	uthorized represent:	itive of a member		

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Typed or printed name of signee

Filing Fee: \$25.00