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(Requestor's Name)	
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COVER LETTER

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eun irze.		GEC Bagels LLC		
SUBJECT:		Name of Lan	ited Liability Company	······································
The enclosed Art	ticles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all	correspon	dence concerning this matter	to the following:	
		Glenn Cutler		
		· · · · · · · · · · · · · · · · · · ·	Name of Person	
		GEC Bagels LLC		
			FinneCompany	
		17717 Searsdale Way		
			Address	
		Boca Raton, Fl. 33496		
			City/State and Zip Code	
		geutler l@gmail.com	to be used for future annual report notif	
				(Kainii)
For further infor	mation co	neerning this matter, please co	all:	
Glenn Cutler			305 984-5058 at ()	
	Name of	Person		e Telephone Number
Enclosed is a che	eck for the	following amount:		
⊠ \$25,00 Filing	g 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEC Bagels LLC		
(Name of the Limited Liability Compa (A Florida Limited)	ny a <u>s it now appears on our records.)</u> .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 9/21/17	and assigned
Florida document number <u>L17000195743</u>		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	hty Company," the designation "LLC" or	the abbreviation "LL,C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		=======================================
		2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		الي
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		nter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florid	la
	Ciņ:	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>	Address	Type of Action
MGR	Glenn Cutter		🗆 Add
			☐ Remove
		17717 Scarsdale Way Boca Raton, FL 33496	Change
AMBR	Edward Cutler		Add
		6204 Paradise Point Drive Palmetto Bay, FL 3	3157
			Change
AMBR	Charles Cutler	····	O Add
		6204 Paradise Point Drive Palmetto Bay, FL 3	3157 X Remove
		<u></u>	☐ Change
			O Add
			Memove 1
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Typed or printed name of signee

Filing Fee: \$25.00