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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TRANSACTION ADVISORS

Account Number : I20150000097 Phone : (305)274-8200

Fax Number : (305)273-3131

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Ad	ddress:			
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SUNSET BAKERY LLC

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Corporate Filing Menu

Help. HARRIS

COVER LETTER

ro: Re Dj:	gistration Sec vision of Corp	tion orations		
ovan rezm.		akery llc		
SUBJECT:		Name of Limite	ed Liability Company	
The enclose	ed Articles of A	Amendment and fee(s) are subm	uitted for filing.	
Please retur	m all correspor	ndence concerning this matter to	the following:	
		MANUEL M ARVESU		
			Name of Person	
		TRANSACTION ADVISOR	RS & CONSULTANTS LLC	·
			Firm/Company	
		10261 SW 72 ST SUITE C-	-101	
			Address	
		MIAMI, FL 33173		
			Ciry/State and Zip Code	
		MMARVESU@GMAIL.CO	OM o be used for future annual report notific	ration)
For further	r information o	oncerning this matter, please ca		,
	. M ARVESU		305 2748200 at ()	
	Name o	of Person	Area Code Daytime	Telephone Number
Enclosed i	is a check for t	he following amount:		
\$25.00	0 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/COURIER ADDRESS:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SUNSET BAKERY LLC		de \
(Name of the Limited Liability Compan (A Florida Limited Lia	ibility Company)	<u> </u>
The Articles of Organization for this Limited Liability Company w	rere filed on 10/03/2017	and assigned
Porida document number L17000204719		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liabil</u>	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		- N3
		- 10
m		14 FO T
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		<u>::</u>
		ŧ.
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our record :	is, <u>enter the name of the r</u>
Name of New Registered Agent:		
New Registered Office Address:		
The state of the s	Enter Florida street addr	ess
	, f	lorida
	City	Zip Çode

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

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Nov. 21. 2017 11:02AM	į	1000	2001	(No. 7211	F. 4

If amending Authorized Person(s) authorized to manage, enter the fitte, 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	ANDREY E. ACOSTA	8224 SW 81ST PLACE	■ Add
			Remove
		MIAMI, FL 33173	Change
			Add
			Remove
			Change
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other data if other than the da	ite of filing:		(ontional)	
effective date is listed the data want be	te of filing:	date of filing or more than	90 days after filing.) Pur	suant to 605
effective date 15 listed, the date must be		ie smao) y maig requir	chicked and care will	
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