L17000 235763

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

	RY USA LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of A	Amendment and fec(s) are sub-	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	ELBIO DANIEL CULLAT	FI	
		Name of Person	
	305 BAKERY USA LLC		
		Firm/Company	
	14000 SW 140 ST #2		
		Address	
	MIAMI FL. 33186		
	·	City/State and Zip Code	
	305BAKERY@GMAIL.CO		
	E-mail address: (to be used for future annual report notification)	
For further information c	oncerning this matter, please co	all:	
ELBIO DANIEL CULLA	ATI	786 5232849 750 SEP 26 PM	نا
Name o	f Person	Area Code Daytime Telephone Number	-1200 1400
		ASS PE	Ĭ
Enclosed is a check for the	ne following amount:	ing in the second secon	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 Filing Pee	
Mailing Addres	_	Street Address:	
Registration Section Division of Corporations		Registration Section Division of Corporations	
P.O. Box 632	•	The Centre of Tallahassee	
Tallahassee, 1		2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(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 _______ and assigned Florida document number L17000235763 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: N/A Name of New Registered Agent: N/A New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

305 BAKERY USA LLC

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.

, Florida _

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	CULLATI, JUAN E	960 NW 127 AVE	
		MIAMI FL. 33182	■Remove
			□Change
			□Add
			□Change
			□Add
			□Remove
			SE CRETAIN
			SSEE STATE Change
			□ Add
			□Remove
			Change
			DAdd
			□Remove
			□ Change

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	LIE 34	<u>.</u>
ctive date, if other than the date of filing: effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days in the date inserted in this block does not meet the applicable statutory filing requirements ament's effective date on the Department of State's records.	optional) s after filing.) Pursuant s, this date will not	to 605.0 be listed
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of siled.	of: (b) The 90th da	ıy after
ed		
ed		
Frankel.		
Signature of a member or authorized representative of a member		

Typed or printed name of signee