## 118000026076

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TALLAHASSEE, FLORIDA

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TO: Registration Se Division of Cor				
	READS BAKERY AND CAF	E LLC		
SUBJECT:	Name of Lim	ited Liability Compar	ay	
	Amendment and fee(s) are sub	-		
Please return all correspo	ondence concerning this matter	to the following:		
	ANDRE TRUJILLO DA S	SILVA		
		Name of Perso	on	
	WORLD BREADS BAKE	RY AND CAFE L	LC	
		Firm/Compan	ıy	
	2941 LUCAYAN HARBO	OUR CIR		
	<del> </del>	Address		
	KISSIMMEE FL 34746			
		City/State and Zip	Cod	
	ANDRE.TRUJILLO@T-LI			<u>.</u>
			annual report notifical	tion)
For further information c	oncerning this matter, please co	all:		
ANDRE TRUJILLO DA	SILVA	407 at (	923-8592	
Name o	f Person	Area Cod	e Daytime Te	elephone Number
Enclosed is a check for the	he following amount:			
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Co (additional cop	рру	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
MAIL	ING ADDRESS:	ST	  REET/COURIER	ADDRESS:
Registr	ration Section	Re	gistration Section	
	on of Corporations ox 6327		vision of Corporatio fton Building	JIIS
Tallaha	assee, FL 32314		61 Executive Center	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WORLD BREADS BAKERY AND CAFE LLC (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 01/29/2018 and assigned Florida document number L18000026076 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.I. 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address , Florida City 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

lf amendin or removed	g Authorized Person(s) authorized to a from our records:	nanage, enter the title, name, and addre	ss of each person being added
MGR = M AMBR = A	Aanager Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	T-LIGO USA LLC	121 S ORANGE AVENUE	■ Add
		SUITE 1500 ORLANDO FL 32801	□ Remove
			☐ Change
			☐ Remove
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Filing Fee: \$25.00