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SECRETARY OF STATE DIVISION OF CORPORATIONS

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COVER LETTER

TO:	Registration Sec Division of Corp	tion orations		
CLID IE.	TONY'S BR			
SOBJE	СТ:	Name of Limite	ed Liability Company	. <u></u>
The enc	losed Articles of A	Amendment and fee(s) are subm	nitted for filing.	
Please r	eturn all correspor	dence concerning this matter to	o the following:	
		ENEA BALLABANI		
			Name of Person	
			Firm/Company	
		5638 KENWOOD AVE		
			Address	
		NEW PORT RICHEY FL 3	34652	
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		MM@MMARLECICPA.CO		
		E-mail address: (to	be used for future annual report notific	eation)
For fur	ther information co	oncerning this matter, please ca	II:	
MIRA	NDA MARLECI		727 216-3376 at () Daytime	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	ne following amount:		
\$25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TONY'S BREAD LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L18000101952 .	were filed on <u>04/23/2018</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	5638 KENWOOD AVE	, 9
(Principal office address MUST BE A STREET ADDRESS)	NEW PORT RICHEY FL 34652	38 √SEC
Enter new mailing address, if applicable:	5638 KENWOOD AVE	FILED ARY OF CORPO
(Mailing address MAY BE A POST OFFICE BOX)	NEW PORT RICHEY FL 34652	S TAI
		6 20
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City	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>	Name	Address	Type of Action
AMBR	ANGELA M RACKE	7501 MENGI CIRCLE	Add
		NEW PORT RICHEY FL 34653	Remove
			□ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
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1-1c) (1114P)			
Signature of a member or authorized representative of a member	17	Signature of a member or authorized representative of a	nember
ENEA BALLABANI			

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Filing Fee: \$25.00