## 118000184107

(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	_
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(Document Number)	_
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Amend

JUN 18 TOTA LALBRITTON

## **COVER LETTER**

TO:	Registration Section of Co.					
CHIDIN	LJ BAKE					
SUBJECT: Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please	return all correspo	ondence concerning this matter	to the following:			
		MARC MANI				
		<del></del>	Name of Person			
		BAABA CONSULTING		. <u> </u>		
			Firm/Company	<del></del>		
	201 S BISCAYNE BLVD STE 2800					
			Address			
		MIAMI FL 33131				
		MMANI@BAABACONSU	City/State and Zip Code JLTING.COM	<del></del>		
		E-mail address: (	to be used for future annual report noul	fication)		
For furt	her information c	oncerning this matter, please c	all:			
MARC	MANI		786 985-7336			
	Name o	f Person	at () Area Code Daytime	e Telephone Number		
Enclose	ed is a check for th	ne following amount:				
<b>■</b> \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy radditional 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

LJ BAKERY, LLC				
(Name of the Lin	nited Liability C (A Florida Lin	ompany as it now appears or nited Liability Company)	our records.)	
The Articles of Organization for this Limited	Liability Com	pany were filed on $\frac{08/01}{}$	2018	and assigned
Florida document number L18000184107				
This amendment is submitted to amend the fo	llowing:			
A. If amending name, enter the new name	of the limited	liability company here:		
N/A				
The new name must be distinguishable and contain the	words "Limited	Liability Company," the desig	nation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if appli	icable:	N/A		
(Principal office address MUST BE A STRE	ET ADDRES.	<u> </u>		
				201
Enter new mailing address, if applicable:		N/A		= = T1
Mailing address MAY BE A POST OFFICE	E BOX)			
				T
				PHIL
B. If amending the registered agent and	d/or registere	ed office address on ou	ir records, <u>enter t</u>	he name of the ne
registered agent and/or the new registered (	office address	<u>here</u> :		<del>ب</del>
	N/A			
Name of New Registered Agent:	19/2			
New Registered Office Address:	N/A			
<del>-</del>		Enter Florida :	street address	
	N/A		, 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>	<u>Name</u>	Address	Type of Action
MGR	STEPHANE RABARON	1043 SW 9TH Court MIAML FL, 33130	<b>■</b> Add
			☐ Remove
			Change
		-	
			☐ Remove
			□ Change
			Add
			□ Remove
			□ Change
			Remove
			Change
		□ Change	
			☐ Remove
			□ Change

	N/A
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an eff <u>lote:</u>	ive date, if other than the date of filing:
red The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
ited	mai 75, 2019
	signature of a member or authorized representative of a member
	GEORGIA AVESANI
	Typed or printed name of signee

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Filing Fee: \$25.00