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TO:

Registration Section
Division of Corporations

SUBJECT	Marush Bal	kery LLC		
SUMPLET	•	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please retur	m all correspo	indence concerning this matter	to the following:	
		Roberto Santoni, Esq.		
			Name of Person	
		Santoni Law, P.A.		
		 	Firm/Company	
		4820 New Broad Street		
			Address	
		Orlando, Florida 32814		
		rsantoni@FIHCLawGroup.	City/State and Zip Code com	
		E-mail address: (to be used for future annual report notifi	cation)
For further	information c	oncerning this matter, please co	all:	
Roberto Sa	ıntoni		407 233-3490 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for the	ne following amount:		
\$25.00	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

Marush Bakery LLC		
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our records.) iited Liability Company)	
The Articles of Organization for this Limited Liability Comp	oany were filed on 09/06/2018	and assigned
lorida document number L18000212565		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" o	or the abbreviation "L.L.C."
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES.	<u>S)</u>	
nter new mailing address, if applicable:	940 W. Canton Avenue	
Mailing address MAY BE A POST OFFICE BOX)	Apt. A201	<u> </u>
	Winter Park, Florida 32789	
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3. If amending the registered agent and/or registere		enter the name of the no
egistered agent and/or the new registered office address	here:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flori	da
	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
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ctive date, if other than the date of filing:	(optional)	
effective date is listed, the date must be specific and cannot be prior to date of filing or m 1 the date inserted in this block does not meet the applicable statutory filing	ore than 90 days after filing.) Fig. or equirements, this date w	ursuant to 605.020 ill not be listed a
ament's effective date on the Department of State's records.		
ecord specifies a delayed effective date, but not an effective the 90th day after the record is filed.	ime, at 12:01 a.m. or	n the earlier o
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September 27 2018	`	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00