L18000336211

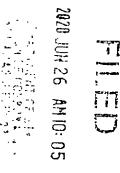
(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
İ

Office Use Only



500344862465

05/26/20--01017--015 **61.25



S. YOUNG



June 11, 2020

MARCELA ARMOZA GRANT MANAGEMENT LLC 600 NEAPOLITAN WAY #349 NAPLES, FL 34114

SUBJECT: BAKERSUN HOLDINGS, LLC

Ref. Number: L18000236211

We have received your document for BAKERSUN HOLDINGS, LLC and your check(s) totaling \$61.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00011569

Shelia H Young Regulatory Specialist II

www.sunbiz.org

COVER LETTER

Division of Cor	porations		
SUBJECT: BAK	ERSUN HOLD	NOS LLC	
	Name of Limb	сес гланну с опрану	
•			
The enclosed Articles of	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspo	ndence concerning this matter t	o the following:	
	PET	ER 6066EN Name of Person	HEIM
	BAKE	E.S.N HOIDING	<u>-5</u>
	6	DD Meatolitan	Way # 349
		Ples F/ 34/0. City/State and Zip Code	
	KATZA 12M02 E-mail address: (1	A P G M A 1 CO 1 O To be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	di:	
MARCELA	ARMOZA	at Area Code Daytime	-9576 Telephone Number
Name ()	Teson	, ned code	
Enclosed is 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)	Certificate of Status & Certified Copy radditional copy is enclosed)

Mailing Address:

Registration Section

TO:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compai (A Florida Limited L	to DIP 65 LC 22 17 18 as it now appears on our records.) 22 17 18 18 18 18 18 18 18 18 18 18 18 18 18
HAKELSON A (Name of the Limited Liability Compains) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company Florida document number 418000 23621	were filed on 10 05 2018 sand signed
This amendment is submitted to amend the following:	_
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	MARCELA ARMOZA
(Principal office address MUST BE A STREET ADDRESS)	176 TOJEGA MAY Noyles, Fl 31114
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter the name of the new registered</u>
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zin Code
 	City Zin 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 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
AMBR	MARCELAARMOTA	8176 Jojefa Wa	or Maylo sadd
			TRemove
			UlChange
			
			□Remove
			[]Change
			□Add
			□Remove
		 .	DChange
			[]Add
			ClRemove
			□Change
			ZlAdd
			TRemove
			□Change
			□Remove
			TlChange

		· · · · · · · · · · · · · · · · · · ·						 -
								_
							·	
							·	
								
					•			
			.,	-		•		.
-								
	····							
								
fective date	, if other than	the date of fil	ling:			(opti	onal)	
n effective dat	e is listed, the date ite inserted in thi	must be specific:	and cannot be pr	nor to date of fil	ing or more than	90 days afte	r filing.) Pursuai is date will not	n to 605.02 The listed:
	ective date on the				ry mme regun	ements, m	is date will not	oc inica
	es a delayed effe	ective date, but i	not an effectiv	e time, at 12:0	1 a.m. on the e	arlier of: (l	o) The 90th c	lay after th
is filed.								
	; 1-7	-, İ						
ned	<u>b </u>		_ ·	· ·				
	. /	Signatury in	, 1.					
	<i>V</i> -	Signatury	f a member or a	ithorized repres	entative of a me	mbei		