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COVER LETTER

	Registration Section Division of Corporations					
eunire	LILY'S DISTRIBUTOR, LLC T:					
SUBJEC	1:	Name of Lin	ited Liability Company			
The enclo	sed Articles of A	Amendment and fee(s) are sub	mitted for filing.			
Please ret	urn all correspor	ndence concerning this matter	to the following:			
		AMARILYS ROLON SAI	NCHEZ			
			Name of Person	-		
		LILY'S DISTRIBUTOR, I	LLC			
			Firm/Company			
		25 E 40TH ST				
		Address				
		HIALEAH, FL 33013				
		City/State and Zip Code				
		amarilysrolon@hotmail.com				
		E-mail address: (to be used for future annual repo	rt notification)		
For further	er information co	ncerning this matter, please c	all:			
Amarilys	Rolon Sanchez		786 757-76	49		
	Name of	Person		aytime Telephone Number		
Enclosed	is a check for the	e following amount:				
□ S25.0	0 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
_	Mailing Address		Street Addre			
	Registration Solivision of Co		Registratio Division of	n Section Corporations		
	P.O. Box 6327	· · ·		of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LILY'S DISTRIBUTOR, LLC		
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our records.) inted Liability Company)	
The Articles of Organization for this Limited Liability Com	pany were filed on 01/24/2019	and assigned
lorida document number 1.19000025998		_
this amendment is submitted to amend the following:		
If amending name, enter the new name of the limited	l liability company here:	
JLY'S BAKERY FACTORY, LLC		
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LLC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	N/A	
Principal office address MUST BE A STREET ADDRES	<u> </u>	
nter new mailing address, if applicable:	N/A	
Mailing address MAY BE A POST OFFICE BOX)		
		~~~~
. If amending the registered agent and/or registered of	fice address on our records, <u>enter the</u>	name of the new regist
gent and/or the new registered office address here:		7:-
		구
Name of New Registered Agent:		<del></del>
New Registered Office Address:		30
	Enter Florida street address	
	Florid	ia
	Ciŋ·	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 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
	4-1		□ Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
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		<del></del>	□Remove
			□ Change

	LILY'S BAKERY FACTORY, LLC.
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an effo ote:	ve date, if other than the date of filing:
ecord is file	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b). The 90th day after the
ted _	·
	Awaiily Rolan Signature of a member or authorized representative of a member
	Ours it at