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COVER LETTER

Division of Corporations				
SUBJECT: <u>Baked</u>	4 Toasted Bistonian Name of Limit	TO + Bakery LLC ted Liability Company	·	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.		
Please return all correspond	dence concerning this matter t	o the following:		
	Jacob C La	Name of Person		
	Baxed or Tone	Sted Bakery & Gr Firm/Company	oods, LLC	
	1675 4th La	Address		
·	Vero Beach, baredand toa	FL 32962 City/State and Zip Code Sted 420 @ grain o he used for future annual apport notif	1.com	
For further information cor	E-mail address: (to		ication)	
Sacob C. L. Name of I	CLIZON Person	at (772) 559 - Area Code Daytimo	2 Telephone Number	
Enclosed is a check for the	following amount:			
\$25.00 Filing Fee	S30.00 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)	

TO:

Registration Section

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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

Baxed + Trasted Bistro 4 (Name of the Limited Liability Compa (A Florida Limited I	2020 Hr. L. C. Eri 5: 1. 7 any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000076474</u> .	were filed on March 19, 2019 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabile Baxed + Toasted Paxery + Grant The new name must be distinguishable and contain the words "Limited Liabile Inc."	
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Vero Beach FL 32962
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Post DSFice Box 651416 Veno Beach, FL 32960
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
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>	<u>Name</u>	<u>Address</u>	2020 Hiri 18 Pil 5: 47	Type of Action
MGR	Michale K. Carbano	1675 Vero Be	4th. Lane Pach, FL 32962	XAdd
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ective date, if other than the date of filing	:(optional)	
n effective date is listed, the date must be specific and of	cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) eet the applicable statutory filing requirements, this date will not be listed as the	
ecord specifies a delayed effective date, but not a is filed.	an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	
ted May 15	2020.	
Signature of a m	ember or authorized representative of a member	