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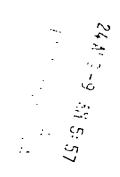
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TO: Registration Section

Division of Corpo	orations		
	AKERY LLC		
SUBJECT:		ited Liability Company	
	ROLANDO S ECHEVA	RRIA GONZALEZ	
		Name of Person	· · · · · · · · · · · · · · · · · · ·
	BELLITA BAKERY ŁLO	<u>;</u>	
		Firm Company	
	12150 SW 132 CT SUITE	E 214B	
		Address	
	MIAMI, FL 33186		
		City State and Zip Code	
			tification)
For further information cor			
ROLANDO S ECHEVA	RRIA GONZALEZ	786 287-8456	
Name of I	BELLITA BAKERY LLC Firm Company 12150 SW 132 CT SUITE 214B Address MIAMI, FL 33186 City State and Zip Code rolyechevarria@gmail.com E-mail address: (to be used for future annual report notification) rmation concerning this matter, please call S ECHEVARRIA GONZALEZ Name of Person Area Code 287-8456 Daytime Telephone Number neck for the following amount: ng Fee \$ \$30,00 Filing Fee & Certified Copy (additional copy is enclosed) See Certified Copy (additional copy is enclosed) Street Address: tration Section Division of Corporations		
Enclosed is a check for the	following amount:		
□ \$25.00 Filing Fee	_	Certified Copy	Certificate of Status & Certified Copy
Mailing Address: Registration Se		Registration S	
Division of Co P.O. Box 6327			-

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF.

BELLITA BAKERY LLC (Name of the Limit	ed Liability Comp.	any as it now appears on our (Liability Company)	records.)
The Articles of Organization for this Limited L			
lorida document numberL19000085665	<u> </u>		
his amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name o	f the limited liab	oility company here:	
N/A	_		
he new name must be distinguishable and contain the v	ords "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	N/A	
Principal office address MUST BE A STREET ADDRESS)		N/A	. 1 1
		N/A	7
			بي
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A	် တ
		N/A	3 F
		N/A	
3. If amending the registered agent and/or agent and/or the new registered office addre		address on our records.	enter the name of the new regis
Name of New Registered Agent:	N/A		
New Registered Office Address:	N/A		
		Enter Florida street	address
N/A			Florida N/A
		Ciţi	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>	<u>Name</u>	Address	Type of Action
AMBR	ECHEVARRIA ALFONSO MARIA KARLA	14804 SW 155th PL	■ Add
		MIAMI FL 33196	
			☐Change
AMBR	ECHEVARRIA ALFONSO MARIA DE JESUS	14804 SW 155th PL	■Add
		MIAMI FL 33196	□Remove
			☐Change
			□Remove
			Change
	-		
			□Remove
			□Change
			□Add
			□Remove
			☐ Change
			□Remove
			□Change

N/A			
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	NI/A		
ective date, if other than the	date of filing: N/A	(optional)	
		of filing or more than 90 days after filing.) Pursuant to 605 atutory filing requirements, this date will not be list	
aiment's effective date on the D	epartment of State's records.		
cord specifies a delayed effectiv s filed	e date, but not an effective time, at	12:01 a.m. on the earlier of: (b) The 90th day afte	r the
JULY 29 ed	2024		
	2701		
	Defun	<u> </u>	
	Signature of a member of authorized of	epresentative of a member	
ROLANI	OO S ECHEVARRIA GONZALEZ		
·	Typed or printed name		

. . . .

Filing Fee: \$25.00