L19000117770

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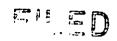
C. GOLDEN JUN - 8 2019

COVER LETTER.

TO:

TO:	Registration Section Division of Corporate	ons	;	•	
	BAKEMATIC US	SA LLC			
SUBJE(CT:	Name of Limited	liability Company		
The enc	losed Articles of Amen	Iment and fee(s) are submitte	ed for filing.		
Please r	tum all correspondenc	e concerning this matter to th	e following:		
	Gi	anni Mendes Toniutti			
	To	solini Lamura LLP	Name of Person		
	40	7 Lincoln Road, Suite 11C	Firm/Company		
	<u>—</u> М	iami Beach, 33139	Address		
	gia	nni.toniutti@tlrtlaw.com	ty/State and Zip Code		
For furt	ner information concert	E-mail address: (to be sing this matter, please call:	used for future annual	report notification	1)
	Mendes Toniutti		I .	10420	
	Name of Perso	n	Area Code	Daytime Telep	phone Number
	d is a check for the follong in the follong in the follong fee	<u>-</u>	3 \$55.00 Filing Fee & Certified Copy (additional copy is encl		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•	MAILING A Registration of Division of C P.O. Box 633 Tallahassee,	Section orporations 7	Registrati Division Clifton B 2661 Exe	C/COURIER A ion Section of Corporations uilding ecutive Center Coce, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 MAY 20 AM 8: 31

BAKEMATIC USA LLC

(Name of the Limited Liability	y Compa	ny as it now appears on our records. Liability Company)	9 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 -
(A Florida	Limited L	лаонну Сотрапу)	1 - 1 - 12 - 14 - 14 - 14 - 14 - 14 - 14
The Articles of Organization for this Limited Liability C	 ompany 	were filed on 04/30/2019	and assigned
Florida document number L19000117770	<u> </u> .		
This amendment is submitted to amend the following:		l	
A. If amending name, enter the new name of the limit	ted liab	ility company here:	
The new name must be distinguishable and contain the words "Lim	ted Liabil	ity Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		1140 Holland Dr., Suite 11	
(Principal office address MUST BE A STREET ADDR	 !ESS) 	BOCA RATON, FL 33487	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or regis registered agent and/or the new registered office add Name of New Registered Agent:	f .		enter the name of the nev
New Registered Office Address:	ļ Ī	Enter Florida street address	
1		I I I I I I I I I I I I I I I I I I I	
	 	, Flor	ida
		City	Zip Code
New Registered Agent's Signature, if changing Registered I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and confidence the obligations of my position as registered as being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agre omplete gent as p	performance of my duties, and provided for in Chapter 605, F	I am familiar with and .S. Or, if this document is
	If Char	nging Registered Agent, <u>Signature of</u>	New Registered Agent
	Page 1	1 of 3	

If amending or removed	Authorized Person(s) authorized to ma from our records:	orized Person(s) authorized to manage, enter the title, name, and address of each person being our records:	
MGR = M			
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			Remove
			☐ Change
			□ Remove
			☐ Change
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Effective date, if other	r than the date of f	iling:		(optio	onal)
f an effective date is listed. Note: If the date inserte	the date must be specific	c and cannot be prior	to date of filing or mo	re than 90 days after	filing.) Pursuant to 605.02
document's effective dat				•	
ne record specifies a	a dalayod offociji	vo dato, but no	t an offective ti	ma at 12:01 s	m on the earlier
The 90th day afte			t an enective th	ine, at 12.01 c	i,m. on the come
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Dated	14	, <u>///</u>	' -'	//	
			\ ##		
	Signature	of a member or auth	orized representative of	of a member	
			\ /		

Page 3 of 3

Filing Fee: \$25.00