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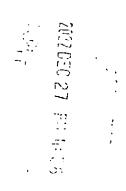
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COVER LETTER

TO:	Registration Se Division of Cor			. 4
	Division of Cor	por actions k	•	?
SUBJEC	ALEXIS D	•		
SUBJE	CI;	Name of Lim	nited Liability Company	_
The encl	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter	-	
		LISA HASELKAMP		
			Name of Person	
		ALEXIS DUCA LLC		
			Firm/Company	
		3028 E. BRIGADOON CT	Γ.	2022 DEC 27
			Address	
		HERNANDO, FL. 34442		
			City/State and Zip Code	::::
		jacbakery1@gmail.com		PH H: 55
		E-mail address: (to be used for future annual report notification)	
For furth	ier information c	oncerning this matter, please c	all:	
LISA II	ASELKAMP		352 220-3788	
-	Name o	f Person	at ()	her
	•			
Enclosed	d is a check for th	ne following amount:		
□ \$25	.00 Filing Fee	■ \$30,00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee, icate of Status & ed Copy nal copy is enclosed)
	Mailing Addres		Street Address:	
	Registration S		Registration Section	
	Division of C P.O. Box 632	•	Division of Corporations The Centre of Tallahassee	
	Tallahassee I		2415 N. Monroe Street, Suite	810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ALEXIS DUC	`A LLC		
(Name of the Lim	ited Liability Comp: (A Florida Limited	any as it now appears on ou Liability Company)	<u>ir records.</u>)	
The Articles of Organization for this Limited L		were filed on <u>5/20/2019</u>)	_ and assigned
Florida document number L19000134997				
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited <u>liab</u>	oility company here:		
JAC BAKERY LLC				
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designat	ion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applicable:		20001 E. PENNSYLV	ANIA AVENUE	~?
(Principal office address MUST BE A STREA		DUNNELLON, FL 3-	4432	222
				27
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		3028 E. BRIGADOON	₹CT.	
		HERNANDO, FL. 34-	142	
			. S	
B. If amending the registered agent and/or agent and/or the new registered office addre	.,	address on our record	s, enter the name	of the new register
Name of New Registered Agent:	KAMP			
New Registered Office Address:	3028 E. BRIGA	ADOON CT.		
		Enter Florida stre	et address	
	HERNANDO		, Florida ³⁴⁴⁴ ,	2
		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>	Address	Type of Action
MGR	LISA HASELKAMP	3028 E. BRIGADOON CT., HERNANDO, FL 3444:	? □Add
			_ □Remove
			= Change
			_ 🗆 Add
			Remove Remove Control Change
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fective date, if other	, the date must be spe	citic and cannot b	e prior to date of f	iling or more than 9	(optional)) days after filing.) Pursuant to 605	5,0207
ote: If the date insert ocument's effective da				tory filing require	ments, this date	will not be list	ed as
record specifies a dela is filed.	yed effective date.	but not an effec	tive time, at 12:	01 a.m. on the ea	tier of: (b) Th	e 90th day afte	er the
DECEMBER 20)	2022					
/	$\overline{\Lambda}$						

Typed or printed name of signec