(Re	equestor's Name)	
(Ac	ldress)	
(Ad	ldress)	· · · · · · · · · · · · · · · · · · ·
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	<del></del>
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
4.		

Office Use Only



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# Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312 (850) 656-4724

DATE 7/10/2020	**WALK IN**
ENTITY NAME KAIMO	
DOCUMENT NUMBER	
	**PLEASE FILE THE ATTACHED AND RETURN**
xxxxxxx	Plain Copy
	Certified Copy
	Certificate of Status
*	*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments  Certified Copy of Arts & Amendments Complete File (Including Annual Reports)  Certificate of Status  Certificate of Status Reflecting:
COUNTRY OF DESTINAT NUMBER OF CERTIFICAT	
TOTAL OWED \$ 25	ACCOUNT # 120160000072 4:
Please call Tina at ti	he above number for any issues or concerns. Thank you so much!

### **COVER LETTER**

TO: Registration Se Division of Cor			
	ing Co. LLC		
SUBJECT:	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	_	
Please return all correspo	ndence concerning this matter  LEANA GUZMAN	to the following:	
		Name of Person	
	ZENBUSINESS PBC		
		Firm/Company	
	702 SAN ANTONIO STR	EET 4TH FL	
	AUSTIN, TX 78701	Address	·
	LEANA@ZENBUSINESS	City/State and Zip Code .COM	
15 - Arabana Arabana		to be used for future annual report notifi	cation)
	oncerning this matter, please c		
LEANA GUZMAN		844 493-6249 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne following amount:		
■ \$25.00 Filing Fee	□ \$30.00 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)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Kaimo Baking Co. LLC

2000 10 00 2:21

Name of the Limited Linkilly Compa			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	Liability Company)	recorus.	
The Articles of Organization for this Limited Liability Company Florida document number $\frac{1.20000062195}{2.0000062195}$ .	were filed on 02/14/2020	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	n "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	865 W. New England Ave		
(Principal office address MUST BE A STREET ADDRESS)	Winter Park FL 32789		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	865 W. New England A. Winter Park FL 32789	ve,	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office 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:

	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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ffective date, if other than the antiference of the date is listed, the date in this locument's effective date on the	nust be specific and cann- block does not meet t	ot be prior to date of he applicable statu	filing or more than 90 d	ays after filing.) Pursuant to 6	505.0207 ( isted as t
e record specifies a delay The 90th day after the r	red effective date, ecord is filed.	. but not an eff	ective time, at 1	2:01 a.m. on the ear	rlier of:
July 9	20	20			
	·	·			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00