L20000347231

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T. MATTHEWS

JAN 2 0 2022

COVER LETTER

TO:	Registration Se Division of Cor			
en in in		BAKERY LLC		
SUBJE	.C1:	Name of Lim	ited Liability Company	
The enc	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		ALEJANDRA MARQUE	Z VILLA	
			Name of Person	
		AMV LEGAL GROUP PA	\	
			Firm/Company	
		2450 HOLLYWOOD BLV	/D STE 300	
			Address	
		HOLLYWOOD FL 33020		
			City/State and Zip Code	
		info@amvlegalgroup.com		
		E-mail address: (to be used for future annual report noti	fication)
For furt	ther information co	oncerning this matter, please ca	all:	
Alejano	lra Marquez Villa		954 253-9695	
	Name o	l'Person	Area Code Daytim	e Telephone Number
Enclose	ed is a check for th	ne following amount:		
≡ \$25	5.00 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)

TO:

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, 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 22 JM 10 PH 3: 33

LA SUIZA BAKERY LLC		
(Name of the Limited Li (A F)	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabili Florida document number L20000347231	ity Company were filed on November 2, 2020	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company." the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX		-
		
B. If amending the registered agent and/or regist agent and/or the new registered office address he		ame of the new registere
Name of New Registered Agent:		
New Registered Office Address:		<u></u>
	Enter Florida street address	
_	, Florida	Zip Code
	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 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	Andy Capote	8566 SW 8th Street, Miami, FL 33144	
			□Remove
			□ Change
MGR Inti Pallares	Inti Pallares	8566 SW 8th Street, Miami, FL 33144	□Add
			■Remove
			□Change
			□ Add
			□Remove
		□ Change	
		□Add	
			Remove
		Change	
			□Add
		Remove	
			□Change
			□Add
			□ Remove
			☐ Change

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lf an ci <u>Note:</u>	tive date, if other than the date of filing:
e reco rd is fi	
	January 5th 2022
Dated	/ 11 / 1
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00