## L20000363915

(Requestor's Name)
(Address)
(111111)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<del>_</del>
(Business Entity Name)
(Document Number)
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2024 UCT = 1 PH 4: 55



September 16, 2024

ARMIN BECIREVIC 2560 S OCEAN BLVD 201 PALM BEACH, FL 33480

SUBJECT: "UNA" PASTRIES & DESSERTS LLC

Ref. Number: L20000363915

We have received your document for "UNA" PASTRIES & DESSERTS LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

List the Current Name of the LLC exactly how it appears on DOS records. The Registered Agents name is NOT legible.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Letter Number: 024A00020737

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

## COVER LETTER

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• • • • • • • • • • • • • • • • • • • •	d Corporations					
SUBJECT.	Ina Pastries & Deserts LL	.C				
SUBJECT: Name of Limited Liability Company						
The enclosed Artic	les of Amendment and fee(s) are s	submitted for filing.				
	rrespondence concerning this mat					
Piease remin an co	respondence concerning this max	ner to the following.				
		Armin Be	ecirevic			
		Name of Person				
	U	na Pastries & Desserts	LLC			
		Firm/Company				
		2560 S Ocean BLVD 201				
	Address					
		Palm Beach , FL 33480				
		City/State and Zip Code				
		azrauna@yahoo.com  E-mail address: (to be used for future annual report notification)				
For further informa	n-mail address		iote in incation)			
	Azra Agic	at ( <u>727_</u> )	330-0401			
:	Name of Person	Area Code	Daytime Telephone Number			
Enclosed is a chec	k for the following amount:					
□ \$25.00 Filing	Fee S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	ation Section		ion Section			
	n of Corporations		of Corporations tre of Tallahassee			
P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

"UNA" Pastzi (Name of the Limited	Es & S	esserts 24.	3024 OCT - 1 PM 4:	55 IE
The Articles of Organization for this Limited Liab Florida document number <u>J2000036</u>	ility Company v	were filed on $1/-17-3$	nd assign	ed
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the first the new name of the first the new name of the first the new name must be distinguishable and contain the word. Enter new principal offices address, if applicable (Principal office address MUST BE A STREET).	le:	ty Company here:  ty Company," the designation "L  513 Lake ave  Lake Worth  72 33460		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO  B. If amending the registered agent and/or registered		ddress on our records, ent	er the name of the new re	egistered
agent and/or the new registered office address !	<u>iere</u> :			
Name of New Registered Agent:  New Registered Office Address:	AZRA Si3 Jan	- AGIC		
New registered Office Address.	Jave Wor	A GIC  LE A VE  Enter Florida street add  City  City	Florida <u>33460</u> 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>	Name	Address S Ocean Blad \$ 201	Type of Action
MGZ	AZHIN BECIZEVIC	Address 2560 S. Ocean Blod # 201 Portus Beach, F# 33480	🗆 Add
			XRemove
	<b>\</b>	2560 6 0 2 (+20)	□Change
MGR	Azit AGIC	Pola Beach, For 33480	— <b>≯</b> ∧dd
			□Remove
			□Change
			🗆 Add
			□Remove
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			□Remove

	INCT - I
4-4	87. FT. FT.
	<del></del>
	<i>y</i>
Effective	date, if other than the date of filing: 09-05-2024 (optional)
it ait effécti	we date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a
document	's effective date on the Department of State's records.
na romand a	pecities a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ord is filed	
	xx 27 2.524 11
	09 - 27 $2024$
Dated	
Dated	Signature of a member or authorized representative of a member

Filing Fee: \$25.00