## L21000097448

(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	<b>⇒</b> #)
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4/29/2021



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## **COVER LETTER**

	Registration Division of C			
SUBJEC		TE BAKERY LLC		
SUBJEC	1:	Name of Lin	nited Liability Company	
The enclo	sed Articles (	of Amendment and fee(s) are sub	bmitted for filing.	
Please ret	urn all corres	pondence concerning this matter	r to the following:	
		LECIO DE PAULA		
			Name of Person	
		BRILLIANT TAX SERV	TCES CORP	
		Firm/Company		
		677 N WASHINGTON B	SLVI)	
		-, -, -, -, -, -, -, -, -, -, -, -, -, -	Address	
		SARSOTA, FL 34236		
		BRILLIANTAXSERVICE	City/State and Zip Code	
			(to be used for future annual report notification)	
For furthe	r information	concerning this matter, please c	aft:	
LECIO D	DE PAULA		941 815-8886 at ()	
Name of Person		of Person	at ()	
Enclosed i	is a check for	the following amount:		
≣ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee.  Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee.  Certificate of Status & Certified Copy	CD.
			(additional copy is enclosed)	=
H E P	Hailing Addra Registration Division of P.O. Box 63 Fallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	コフ

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

VALENTE BAKERY LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A Finited Entitled Flacinty Company)	
The Articles of Organization for this Limited Liability Company were filed on $\frac{03/01/2021}{}$ and as Florida document number $\frac{L21000097448}{}$ .	signed
This amendment is submitted to amend the following:	
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 the abbreviation "L	L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office address on our records, enter the name of the agent and/or the new registered office address here:	w registered
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	
Enter Florida street address	
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

L

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ISADORA PENEDO VALENTE	2806 GRAND CAYMAN ST	□Add
		SARASOTA, FL 34231	Remove
MGR	IZADORA PENEDO VALENTE	2806 GRAND CAYMAN ST	<b>=</b> ∆bbA <b>=</b>
		SARASOTA, FL 34231	□Remove
	NOTE:		□Change
	THE FIRST NAME WAS SPELLED WRONG		□Add
	A LETTER Z RATHER		Remove Ø
			□ Gange 7
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ord specifies a delayed effectiled.	tive date, but r		e time, at 12:0	l a.m. on the e	arlier of; (b) Ti	he 90th day a	fter
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Filing Fee: \$25.00