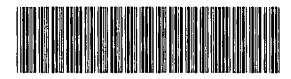
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22 FFF -1 PH 3: 25

T. MATTHEWS

FEB - 9 2022

COVER LETTER

TO: Registration S Division of Co			ed
EUROPEA SUBJECT:	AN COFFEE AND BAKERY.	LLC	
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	JULIUS KUBRICKY		
		Name of Person	
	EUROPEAN COFFEE AN	ND BAKERY, LLC	
	•	Firm/Company	
	3333 N TAMIAMI TRAII	., UNIT 100	
		Address	
	SARASOTA, FL 34234		
	julius_kubricky@yahoo.cor Ē-mail address: (City/State and Zip Code 11 to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
JULIUS KUBRICKY		678 414-0124	
Name o	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address:	
Registration : Division of C		Registration Sec Division of Cor	
P.O. Box 632		The Centre of T	

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EUROPEAN COFFEE AND BAKERY, LLC

22 FEE - 1 FH 3: 25

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

The Articles of Organization for this Limited Liability Cor	mpany were filed on $\frac{03/29/20}{}$	21 and assigned
Florida document number L21000145990	~*	_
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the designate	ion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	200	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our record	s, enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stre	ret address
	<u> </u>	Florida
	City	Florida 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
AMBR	JIRI HALAMICEK	2805 68TH ST CIR WBRADENTON, FL 34209	□Add
			Remove
			□Change
AMBR	MICHAL ZIVCAK	133 Osprey Point Drive, Osprey, FL 34229	= Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			🗆 Add
			□ Remove
			□Change

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