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COVER LETTER

Tallahassee, FL 32314

TO:

	Registration Sec Division of Corp						
SUBJEC		OOUGH FOODS, LLC					
SUBJEC		Name of Limite	ed Liability Company				
The enclo	osed Articles of A	Amendment and fee(s) are subm	litted for filing.				
Please ret	turn all correspoi	ndence concerning this matter to	the following:				
		Erika Banfelder					
			Name of Person				
		Unkel Law, PLLC					
			Firm/Company				
c/o 1128 Wagon Wheel Drive							
Address							
		Sarasota, FL 34240					
		City/State and Zip Code					
		ebanfelder@unkellaw.com					
			be used for future annual report n	ouncauon)			
For furth	er information co	oncerning this matter, please ca	U:				
Erika Banfelder, Paralegal		941 266-5455 at ()					
	Name o	f Person	Area Code Day	time Telephone Number			
Enclosed	l 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)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	Mailing Addres		Street Address				
	Registration S Division of C		Registration Division of C				
	P.O. Box 632			f Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GOLDEN DOUGH FOODS, LLC

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

(A Florida Limited Liability Company)

(A Flond	la Limited Liability Company)	<u>.</u> -
The Articles of Organization for this Limited Liability (Florida document number L21000188988	Company were filed on 4/23/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
GOLDEN DOUGH BAKERIES, LLC		
The new name must be distinguishable and contain the words "Lin	mited 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 ADD	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:		the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	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>	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□ Add
			□Remove
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			<u> </u>
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Effective date, if other than the fan effective date is listed, the date mus Note: If the date inserted in this blodocument's effective date on the De	t be specific and cannot be prior to date of sock does not meet the applicable star	(option of filing or more than 90 days after tutory filing requirements, this	filing.) Pursuant to 605.0207
e record specifies a delayed effective	e date, but not an effective time, at 1	2:01 a.m. on the earlier of: (b)	The 90th day after the
rd is filed.	,	, ,	
July 3	2024		
Dated July 3			. 13
(115	(1)		-
(IIS.	Signature of a member or authorized require	presentative of a member	2024 JUL 11 (c) 7:

Filing Fee: \$25.00