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COVER LETTER

TO:

Registration Section Division of Corporations

Boriken B SUBJECT:	akery LLC			
	Name of Lii	nited Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	r to the following:		
	Marian Maisonet			
		Name of Person		
	Boriken Bakery			
		Firm/Company		
	798 Princeton Drive			
		Address		
	Clermont, Florida 34711			
	- -	City/State and Zip Code		(1)
	maisonetmarian@yahoo.co	m		
	E-mail address:	to be used for future annual report noti	fication)	<u>[-</u> n
For further information of	oncerning this matter, please c	all:		
Marian Maisonet		787 399-0389		
Name o	f Person		e Telephone Number	r
Enclosed is a check for the	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 Certificate o Certified Co (additional copy	f Status &
Mailing Addres Registration S	Section	Street Address: Registration Sec		
Division of C P.O. Box 632	•	Division of Corp The Centre of T		
Tallahassee, F			Street Suite 210	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Boriken Bakery LLC (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 Company were filed on 08/11/2021 and assigned Florida document number L21000360511 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) N/A 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 new registe agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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 to 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 or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Actic
MGR	Marian Maisonet	798 Princeton Drive	□Add
		Clermont, Florida 34711	□Remove
			□Add
		 	□Remove
			□Add
			□Remove
			□Change
			ZO ARA
			☐ Change
			□Add
			□Change
			□Remove
			□Change

we made a mistake when we	first filed. Marian Maisonet	is the SOLE OWNER	of company.		
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fective date, if other than the meffective date is listed, the date must be: If the date inserted in this blocument's effective date on the December 1.	t be specific and cannot be prior ock does not meet the applic	to date of filing or more table statutory filing red		g.) Pursuant i	
ecord specifies a delayed effectiv is filed.	e date, but not an effective ti	me, at 12:01 a.m. on th	ie earlier of: (b) T	he 90th day	/ after
August 27	. 2021	- ^ -			
	$\Delta M = I/I$	a-			

Filing Fee: \$25.00