## h21000386878

(Requestor's Name)
(Address)
(Address)
( data say
(0) (0) (7) (1)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Cooment No. 1100)
O Window of Older
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

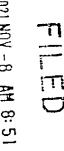
Office Use Only



400376159174

C. BRUMBL-

11,408,421--01090--093 \*\*25,60



## **COVER LETTER**

Registration Section
Division of Corporations

TO:

Pan con Pa	o LLĊ			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Paola			
		Name of Person	<del></del>	
	Pan con Pao			
		Firm/Company	<del></del>	
	501 sw 75th st apt c4			
		Address		
	Gainesville/Fl 32607			
		City/State and Zip Code		
	paorodri89@gmail.com			
	E-mail address: (	to be used for future annual report noti	ification)	
For further information c	oncerning this matter, please c	all:		
Paola		786 6069989		
Name o	f Person	Area Code Daytim	ne Telephone Number	
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)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Se		
P.O. Box 632	•		Division of Corporations The Centre of Tallahassee	
Tallahassee, 1		2415 N. Monro	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pan con Pao LC				
( <u>Name of the Limited Liability Con</u> (A Florida Limite	npany as it now appears on our red Liability Company)	ecords.)		
The Articles of Organization for this Limited Liability Company were filed on 8/30/2021		and assigned		
lorida document number L21000386878				
his amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here:			
Pao Pao Breads LLC				
he new name must be distinguishable and contain the words "Limited Li-	ability Company," the designation	"LLC" or the abbre	viation "	L.L.C.``
Enter new principal offices address, if applicable:	***************************************			
Principal office address MUST BE A STREET ADDRESS)			921	
		, ;	NO.	П
		· -·	- B	<u> </u>
Enter new mailing address, if applicable:		inc.	<i>&gt;</i> >	
Mailing address MAY BE A POST OFFICE BOX)		[1] :	3 8	O
<del></del>	<del></del>	1	5	
				63
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	ce address on our records, <u>e</u>	nter the name o	f the no	ew regist
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		_, Florida		
_ <del></del>	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 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>	<u>Name</u>	Address	Type of Action
			🗀 Add
			□Remove
			□ Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
			(]Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
_	
	11/11/2021
Effectiv	te date, if other than the date of filing: (optional) (optional)  tive 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 605,0207 (
Note: 1	tive 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 605,0207 (, f the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
docume	nt's effective date on the Department of State's records.
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
31 <b>4</b> 1.5 111C	<del>.</del>
Dated [	1/1/2021
Duica _	$\frac{1}{1}0$
	achur Frais
	Signature of a member or authorized representative of a member
	Paola Rodriguez Hurtado

. .