L21000515879

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SECRETARY OF STATE

TALLAHASSEE, FL

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TO: Registration So Division of Cor			٠.
RENHOMI	E, LLC		
SUBJECT:	Name of Li	mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matte	r to the following:	
	CHARLES SERFATY		
		Name of Person	
	SERFATY LAW PA		
		Firm/Company	
	4770 BISCAYNE BLVD	SUFTE 1430	
		Address	···········
	MIAMI, FL 33137		
		City/State and Zip Code	_
	E-mail address:	(to be used for future annual report notific	ation)
For further information co	oncerning this matter, please of	call;	
CEDRIC DI DIO		305 722,9999 at ()	
Name of	f Person		elephone Number
Enclosed is a check for th	ie fallagina amagni		
S25.00 Filing Fee	S30.00 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 P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

--- JUL 11: MM 9: 51.

SECRETARY OF STATE (A Florida Limited Liability Company as it now appears on our records.) TALLAHASSEE TO RENHOME, LLC The Articles of Organization for this Limited Liability Company were filed on 12/08/2021 _____ and assigned Florida document number L21000515879 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LILY PARIS BAKERY, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 registered agent and/or the new registered office address here: N/A Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida ___

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.

Cirv

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
			
			□Remove
			□Change
			□Add
			□Remove
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