Florida Department of State Division of Corporations Electronic Filing Cover Sheet 28

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNTING AND MORE SERVICES INC

Account Number : I20220000172 Phone : (407)846-4810 Fax Number : (407)944-4810

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BON APPETIT RICHEMOND FAMILY BAKERY LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

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COVER LETTER

TO:	Registration Se Division of Cor			* *	
SURTE	BON APPI	ETIT RICHEMOND FAMILY	BAKERY LLC		
Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please re	eturn all correspo	ondence concerning this matter	to the following:		
		MERISENA RICHEMON	ID.		
			Name of Person		
		BON APPETIT RICHEM	OND FAMILY BAKER LLC		
			Firm/Company		
		3065 BEAVER CREEK D	PR.		
		Address			
		KISSIMMEE, FL 34746			
			City/State and Zip Code		
		bonappetitegrill@gmail.cor			
For firth	er information of	E-mail address: (oncerning this matter, please c	to be used for future annual report notification	cation)	
		-	au.		
MERISE	ENA RICHEMO	ND	863 521-2635 at ()		
	Name of	Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	e following amount:			
≘ \$2 5.	00 Filing Fœ	□ \$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)	
	<u>Mailine Address</u> Registration S		Street Address: Registration Sect	ion	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L22000009928	were filed on 01-03-2022	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
MSRICHEMOND BAKES LLC		
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		· · · · · ·
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	nddress on our records, <u>enter the nan</u>	ne of the new regi
		023 ;
Name of New Registered Agent:		
New Registered Office Address:		16
3	Enter Florida street address	PE
<u></u>	, Florida City	Zip Code
	F197	

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.

From: Carolyn Lopez . Fax: 14078454810 To: Fax: (850) 617-6383

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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
			DAdd
			□ Remove
			Change
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
			□ Add
			□Remove
			Change
			□Add
			□Remove
			□ Change
			□Add
		-	□Remove
			Change

To.

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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vote:	ive date, if other than the date of filing: [cetive 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 605.020 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed ament's effective date on the Department of State's records.
recor I is fi	rd 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 led.
ated	$\frac{2/15/2023}{0}$
	Merisena Kichenine
	Ciadatina of a manchan or authorized
	Signature of a member or authorized representative of a member