## 122000053001

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## **COVER LETTER**

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

Junie's Bak	ery LLC		
30b3te1	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:	
	Junie Brutus		
		Name of Person	
		Firm/Company	
	5510 Lakewood Circle N #	<del>†</del> 523	
		Address	<del></del>
	Margate FL 33063		
	juniesbakeryllc@gmail.con	City/State and Zip Code	<del></del>
	· ·	to be used for future annual report no	otification)
For further information of	concerning this matter, please c	all:	
Junie Brutus		954 5461611 at ( )	
Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed is a check for t	he 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		Street Address: Registration S	ection
Division of C	Corporations	Division of Co	orporations
P.O. Box 632	27	The Centre of	Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Junie's Bakery LLC

(Name of the Limited Lia (A Flo	bility Company a rida Limited Liab	as it now appears on o ility Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number L22000053001	y Company we:	re filed on $\frac{01/31/20}{}$	222 and assigned		
This amendment is submitted to amend the following	•				
A. If amending name, enter the new name of the l	imited liability	y company here:			
Junie's Cafe ' & Bakery LLC					
The new name must be distinguishable and contain the words "I	Limited Liability (	Company," the designa	tion "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:		5510 Lakewood Circle N #523 Margate FL 33436			
Principal office address MUST BE A STREET AD	DRESS)		SE S		
	_		SECOLO		
Enter new mailing address, if applicable:			N27		
(Mailing address MAY BE A POST OFFICE BOX)	5	510 Lakewood Circ	le N #523 Margaid FL 33430		
Mading address MAT BE A FOST OFFICE BOX)	. – –		STATE 53		
B. If amending the registered agent and/or registered agent and/or the new registered office address here.  Name of New Registered Agent:		ress on our record	ls, enter the name of the new regist		
551	10 Lakewood Ci		-		
New Registered Office Address:	U Lakewood Cr	Enter Florida str	reet address		
			32063		
Ma	rgate		, Florida <sup>33063</sup>		

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person being added</u> <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
		<del></del>	□Remove
			□ Change
		<del></del>	□Add
			□Remove
			□Change
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			□Remove
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	<del></del>		
			□ Remove

ective date, if other than the date of filing:							<del></del>
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