

h22000212470

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

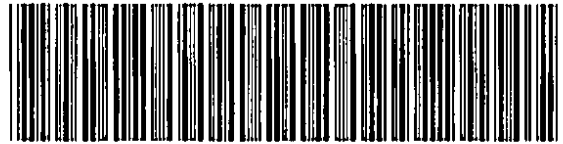
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DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern Baker Boyz LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ulysses Poveda

Name of Person

Southern Baker Boyz LLC

Firm/Company

5210 SW 166 Ave

Address

City/State and Zip Code

Southwest Ranches, FL 33331

E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Ulysses Poveda

954

557-0316

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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
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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Ulysses Poveda	5210 SW 166 Ave	<input type="checkbox"/> Add
		Southwest Ranches, FL 33331	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Ariel M. Urena	2606 W 9 Ct	<input type="checkbox"/> Add
		Hialeah, FL 33010	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Kevin Velazquez	14621 Vista Verdi Rd	<input type="checkbox"/> Add
		Davie, FL 33325	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Alex Garrido	750 E 48 St	<input type="checkbox"/> Add
		Hialeah, FL 33013	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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DIVISION OF CORPORATION

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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DEPARTMENT OF STATE
DIVISION OF CONSTITUTIONAL AFFAIRS

E. Effective date, if other than the date of filing: _____ (optional)

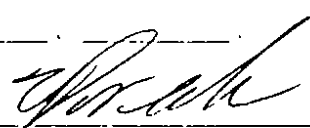
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated

8/11/22


Signature of a member or authorized representative of a member

Ulysses Poveda
Typed or printed name of signee

Filing Fee: \$25.00