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(Req	uestor's Name)	
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AVISION OF CURL CRATTERS 22 AUG. 17 PM 2: 40

COVER LETTER

TO: Registration Section Division of Corporations

Southern Baker Boyz LLC

SUBJECT:

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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			22	<u>.</u>
		Firm:Company		22 AUG	INISION D
	5210 SW 166 Ave			17	
		Address		РН	
		City State and Zip Code		2:40	
	Southwest Ranches, FL 333				
	F-mail address (to be used tou future annual report noti	fication)		
For further information c	oncerning this matter, please e	all:			
Ulysses Poveda		954 557-0316			
Name o	of Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for th	he following amount:				
□ \$25.00 Filing Fee	U \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy radditional copy is enclosed)	S60.00 Filing Fee. Certificate of Status of Certified Copy (additional copy is enclose)		
Mailing Addres		Street Address:			
Registration !		Registration Sec			
Division of Corporations P.O. Box 6327			Division of Corporations The Centre of Tallahassee		
Tallabassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

n <u>a av it now appears on our records.</u>) Jability Company)	
were filed on <u>May 4th</u> , 2022	and assigned
lity company here:	
ty Company," the designation "LLC" of the . 7755 W 4th Ave	abbreviation "L.L.C."
77.22 W 900 24VC	N -
	22
Unit 10	22 AUG
	22 AUG 17
Unit 10	IT PH
Unit 10 Hialeah, FL 33014	
ī	were filed on <u>May 4th, 2022</u> <u>lity company here</u> : ity Company," the designation "LLC" of the

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

	City	, Florida Ziv Code
New Registered Office Address:	Enter Florida street aa	ldress
Name of New Registered Agent:	······	

New Registered Agent's Signature, if changing Registered Agent:

Southern Buker Reveal 117

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

MGR = Manager

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AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Utysses Poveda	5210 SW 106 Ave	□Add
		Southwest Ranches, FL 33331	□Remove
			🖻 Change
AMBR	Ariel M. Urena	2606 W 9 Ct	□Add
		Hialcah, Fl. 33010	□Remove
			🗑 Change
AMBR	Kevin Velazquez	14621 Vista Verdi Rd	Eladd
		Davie, FL 33325	□Remove
AMBR	Alex Garrido	750 E 48 St	
		Hialeah, FL 33013	
			PH 2004 A State
<u></u>			ž 🗢 66AC
			□Remove
		<u>. </u>	[]Add
			□Remove
			Change

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

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

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.

8/11/22 Dated Ă.U 1 Signature of a member of authorized representative of a member Ulysses Poveda Typed or printed name of signee

document's effective date on the Department of State's records.

Filing Fee: \$25.00