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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Simple bread UC".
SUBJECT: 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:
Lolymar Bergoden de Abdo) 3 Name of Person (= Simple Bread UC == Finn/Company
Simple Awad UC Firm/Company 201 Sw 17+11 Road Swite 812
201 Sw 1741 Road Svite 812
Hiami Fl 33129 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (786) 690 2170. Area Code Daytime Telephone Number
Name of Person Area Code Dayonic Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & Certificate of Status \$\Bigcup \$\text{Certified Copy} \\ (\text{additional copy is enclosed})\$\Bigcup \$\text{S60.00 Filing Fee}, \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Simple bread LLC.

(Name of the Limited Liability Compan (A Florida Limited L	y as it now appea iability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company of Plorida document number		05 12 2	_ and assig	gned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	lity company <u>h</u>	<u>ere</u> :			
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the	designation "LLC" or the abbr		C."	
Inter new principal offices address, if applicable:			2a.25	· 	
Principal office address MUST BE A STREET ADDRESS)			<u> </u>	1 }	
				ì	
Inter new mailing address, if applicable:		,	i	, ;]	
Mailing address MAY BE A POST OFFICE BOX)			52		
3. If amending the registered agent and/or registered office a	ddress on our	records, enter the name	of the new	regista	
gent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:	Enter Fle	orida street address	•		
		. Florida			
	City	, FIULIUA	Zip Code		

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.

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
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in effective date ote: If the dat	is listed, the date e inserted in th	e must be specifi ils block does i	filing:	prior to date o plicable sta	f filing or more	than 90 days aft	er filing.) Pursu	
ecord specifie is filed.	s a delayed effe	ective date, bu	it not an effecti	ve time, at 1	2:01 a.m. on	the earlier of:	(b) The 90th	day after
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