(R	equestor's Name)	
Δ)	dcress)	
(A	daress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	MAIT	JIAN1
(8	usiness Entity Name)	
(D)	ocument Number)	
Copies	Certificates of	Status
Instructions to Fil	ling Officer:	
	J. HORNE MAR 17 208	3
····		

Office Use Only



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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

GRANCO BAKERY LLC	
Please Debit I20000000257 For: 25	
Thank you Seth Neeley	
14/	
Sely	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
,	Officer Search
	Fictitious Search
Signatura	Fictitious Owner Search
Signature	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

## **COVER LETTER**

TO: Registration Division of C	Section Corporations			
CTTTTS TTT CTTT	) BAKERY LLC			
SUBJECT:	Name of Lim	ited Liability Company		
	of Amendment and fee(s) are sub			
Please return all corre	spondence concerning this matter	to the following:		
	MARCUS PAULO LEITA	AO SEGNINI		
		Name of Person		
	PS KIS LLC			
		Firm/Company	<u> </u>	
	6526 OLD BRICK RD #1	20-238		
	Address			
	WINDERMERE, FL 3478	36		
		City/State and Zip Code		
	CONTACT@KISCONSUI	.T.COM to be used for future annual report notifi	cation)	
For further information	n concerning this matter, please c	all:		
MARCUS PAULO I	EITAO SEGNINI	407 7486462 at ( )		
Nan	ne of Person		Telephone Number	
Enclosed is a check fo	or 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)	
314	HANC ADDRESS.	STDEFT/COUDI	ED ANNUESS.	

MAILING ADDRESS:

TO:

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

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GRANO BAKERY LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

		G.
The Articles of Organization for this Limited Liability C	Company were filed on 12/22/2022	and assigned
Florida document number L22000534942	<u></u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	<del></del>	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		, enter the name of the n
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	<b>:</b>
	Flo	orida
	City	orida 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 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>	Address	Type of Action
			Add
			Remove
			☐ Change
			□ Remove
			Change
			Add
			Remove
			□ Change
			□ Remove
			Change
			☐ Add
			□ Remove
			Change
			□ Remove
			Change

	PLEASE REPLACE THE PURPOSE OF THE BUSINESS "ARTICLE III ". THE PURPOSE OF THIS LLC IS			
	REAL ESTATE.			
Effec	ctive date, if other than the date of filing: (optional)			
Note	ctive date, if other than the date of filing:			
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier one 90th day after the record is filed.			
	d MARCH 15TH 2023			
Date	d			
	Signature of a member or authorized representative of a member			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00