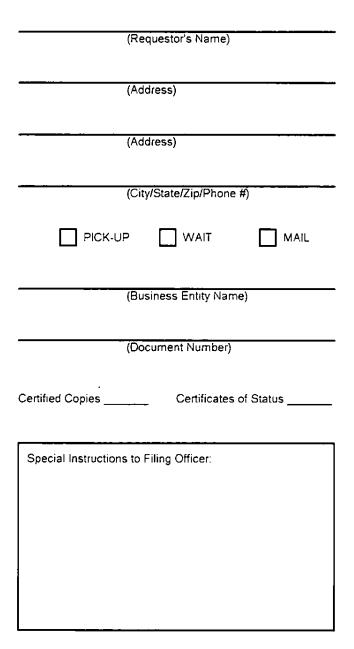
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Office Use Only





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COVER LETTER

TO:

	Registration Se Division of Cor						
CUBICO	FORNO DE	ì					
SUBJĘC	Name of Limited Liability Company						
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	turn all correspo	ndence concerning this matter	to the following:				
		RINAY ZAHORIAN					
			Name of Person				
		TAX & FINANCIAL STR	ATEGISTS, LLC				
28089 VANDERBILT DRIVE SUITE 201							
			Address	·			
	BONITA SPRINGS, FL, 34134						
			City/State and Zip Code				
		RINAY@WONDERTAX.C					
		E-mail address: (to be used for future annual report noti	ification)			
For furth	er information c	oncerning this matter, please ca	all:				
RINAY	ZAHORIAN		239 405-8395 at ()				
	Name o	f Person		e Telephone Number			
Enclosed	is a check for th	ne following amount:					
■ \$25.0	00 Filing Fee	S30.00 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			Street Address: Registration Section Division of Corporations				
P.O. Box 6327				The Centre of Tallahassee			
Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES:OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FORNO DE MINAS BAKERY

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records,) ability Company)				
The Articles of Organization for this Limited Liability Company v Florida document number L23000091568	were filed on 02/20/2023	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabil	ity company here:				
PÃO DE MINAS BAKERY LLC					
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or the a	obreviation "L.L.C."			
Enter new principal offices address, if applicable:	2215-A WINKLER AVE				
Principal office address MUST BE A STREET ADDRESS)	FORT MYERS	2			
	FLORIDA 33901	124			
					
Enter new mailing address, if applicable:		1			
Mailing address MAY BE A POST OFFICE BOX)					
		<u>. က '-</u>			
 If amending the registered agent and/or registered office ad gent and/or the new registered office address here: 	dress on our records, enter the nam	c of the new registere			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	, Florida				
	City	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.

Effective date, if other than the date of filing: [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 695 0207 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. 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 dis filed. Dated FEBRUARY 20TH 2024 Adams Signature of a member or authorized representative of a member Daniel de Barros Zanette				
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Signature of a member or authorized representative of a member	Said de	Buxw- La	rette	
Daniel de Barros Zanette	Si	gnature of a member or autho	rized representative of a member	
	Daniel de Barros Zanette			

Filing Fee: \$25.00