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COVER LETTER

TO:

TO: Registration So Division of Cor					
	D BAKERY, LLC				
SUBJECT: Name of Limited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Irene Fonzi, Esquire				
		Name of Person			
	Irene Fonzi, PA				
		Firm/Company			
	1402 Highway A1A, Suite	: A			
		Address			
	Satellite Beach, FL 32937				
		City/State and Zip Code	··-		
	ifonzi@fonzilaw.com				
	E-mail address: (to be used for future annual report noti	itication)		
For further information c	oncerning this matter, please c	all:			
Irene Fonzi		321 777-1191			
Name o	f Person	Area Code Daytim	e Telephone Number		
Enclosed is a check for the	he 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		Street Address:	ction		
Registration Section Division of Corporations		Registration Se Division of Cor			
P.O. Box 6327		The Centre of T	The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



HIGHLAND BAKERY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on March 3, 2023 03/02/2023 and assigned Florida document number _L23000110298 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited 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 ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OF FICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address _. Florida _ City 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	LJ REAL ESTATE HOLDINGS, L	126 EAST LUCERNE CIRCLE	□ Add
		ORLANDO, FL 32801	■Remove
			□Change
AMBR EA	EAU GALLIE CREAMERY, LLC	466 NORTH HARBOR CITY BOULEVARD	= Add
		MELBOURNE, FL 32935	□Remove
			□Change
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			□Change

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: Fefaci	ive date, if other than the date of filing:
(If an el <u>Note:</u>	(optional) fective date, if other than the date of filing:
f the reco ecord is f	rd 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 led.
Datud	August 2 2023
Dated	
	Signature of a they ber or authorized representative of a member By: Eau Gallie Creamery, LLC, a Plorida limited liability company
	By: Lawrence S. Jarnes, Member
	Typed or printed name of signee

Filing Fee: \$25.00