L23000145046

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COVER LETTER

TO:

Registration Section
Division of Corporations

DANIELA'S BAKERY OF FLORIDA LLC 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: MERLING SALAN ALDANA Name of Person DANIELA'S BAKERY OF FLORIDA LLC Firm/Company 409 NORTH DIXIE HWY Address LAKE WORTH FL 33460 City/State and Zip Code MAYAAZTECASERVICES@YAHOO.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: MERLING SALAN Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee, **■** \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & \$25.00 Filing Fee Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DANIELA'S BAKERY OF FLORIDA 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 $\frac{03/22/2023}{1}$ ___ and assigned Florida document number _____L23000145046 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: (Muiling address MAY BE A POST OFFICE 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

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.

City

_, Florida _

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>	Name	Address	Type of Action
MGR —	MERLING C SALAN ALDANA	409 NORTH DIXIE HWY	≡Add
		LAKE WORTH FL 33460	□Remove
			Change
MGR	JOSE W RUANO RODRIGUEZ	409 NORTH DIXIE HWY	□Add
		LAKE WORTH FL 33460	■Remove
			□Change
			□Remove
			☐Ghange ☐ Ghange ☐ Add
			□Add
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			□Add
			Remove
			□Change

			
Effective date, i	if other than the date of fi	iling: (or	otional)
Note: If the date	is listed, the date must be specific inserted in this block does n trive date on the Department	dling:	fter filing.) Pursuant to 605.0207 this date will not be listed as
e record specifies rd is filed.	a delayed effective date, but	not an effective time, at 12:01 a.m. on the earlier of	(b) The 90th day after the
Dated MAY 08		2023	
<u></u>	(DID)	·	· ·
	X Har Carties	of a member or authorized representative of a member	
`		of a member of aumorized representative of a member	•
JOSE	W. RUANO RODRIGUEZ		<u> </u>
		Typed or printed name of signee	

Filing Fee: \$25.00