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COVER LETTER

Registration Section Division of Corporations TO:

La Caroren SUBJECT:	a Bakery LLC		
	Name of Lim	ited Liability Company	202
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	2023
Please return all correspo	ondence concerning this matter	to the following:	
	Darcy Perez		<u>₩</u> 11:5
		Name of Person	ଫା ଫ
	La Carorena Bakery LLC		
		Firm/Company	
	5380 Preserve Blvd		
		Address	
	Saint Cloud Fl 34772		
	perez.darcy@gmail.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please co	all:	
Darcy Perez		786 3809239	
Name c	f Person		e Telephone Number
Enclosed is a check for t	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: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2023 OCT 13 ANTI:

La Carorena 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 $\frac{03/23/2023}{1}$ and assigned Florida document number 1.23000147503 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: La Carorena LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 5380 Preserve Blvd Saint Cloud Fl 34772 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 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 , Florida

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.

Cin

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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fective date, if other than the date of filing:	(optional) or to date of filing or more than 90 days after filing.) Pursuant to 605.02
ote: If the date inserted in this block does not meet the appl	icable statutory filing requirements, this date will not be listed
cument's effective date on the Department of State's record	s.
	time, at 12:91 a.m. on the earlier of: (b) The 90th day after the
is filed.	
October, 10 2023	
October, 10 2023	<u> </u>
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