L23000168264

| iestor's Name) | |
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| ess) | |
| ess) | |
| State/Zip/Phone | e #) |
| MAIT | MAIL |
| ness Entity Nar | me) |
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| Certificates | s of Status |
| ling Officer: | |
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JUL 19 2023

COVER LETTER

TO: Registration Section Division of Corporations

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| SUBJECT: | Name of Lim | ited Liability Company | | |
|---------------------------|--|---|---|--|
| The enclosed Articles of | f Amendment and fee(s) are sub | mitted for filling. | | |
| Please return all corresp | ondence concerning this matter | to the following: | | |
| | JOANNE ROMELUS | | | |
| | | Name of Person | | |
| | ER BREAD DISTRIBUTI | ON LLC | | |
| | | Firm/Company | | |
| | 5524 BOYNTON GARDENS DRIVE | | | |
| | | Address | | |
| | BOYNTON BEACH, FL. | 33437 | | |
| | eromelus0830@ gmail.com | City-State and Zip Code | | |
| Fer further information | E-mail address: (concerning this matter, please co | to be used for future annual report : tll: | notification) | |
| EBFDF ROMFLUS | | 561 523-5725 | i e | |
| Name | of Person | at () Area Code Day | time Telephone Number | |
| Enclosed is a check for t | the following amount: | | | |
| □ \$25,00 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
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

ER BREAD DISTRIBUTION LLC

4.5

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

| (A Fforida Limited I | nability Company) | |
|--|---|---|
| The Articles of Organization for this Limited Liability Company Florida document number 1.23000168264 | were filed on $\frac{04.04/2}{}$ | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the limited liab</u> | lity company here: | |
| The new name must be distinguishable and contain the words "Limited Liabil | ity Company," the design | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | 2670 |
| (Principal office address MUST_BE A STREET ADDRESS) | | · . |
| | | <u>-</u> |
| | | |
| 27 | | T - |
| Enter new mailing address, if applicable: | | - 122 |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or registered office agent and/or the new registered office address here: Name of New Registered Agent: | address on our recor | ds, <u>enter the name of the new registered</u> |
| New Registered Office Address: | | |
| Ten negative and the second | Enter Florida street address | |
| | | |
| | City | Zip Code |
| New Registered Agent's Signature, if changing Registered Agent: | | |
| I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office company has been notified in writing of this change | performance of my oprovided for in Chap | hities, and I am familiar with and ter 605, F.S. Or, if this document is |

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 |
|--------------|----------------|----------------------------|----------------|
| MGR | Joanne Romelus | 5524 Boynton Gardens Drive | XAdd |
| | | Bryston Beach, FL 33437 | |
| | | | □Change |
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| | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| (If an el | ive date, if other than the date of filing: \(\frac{7}{12} \) \(\frac{2023}{2023} \) (optional) fective 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 605.0207 (If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the next of the date on the Department of State's records. |
| he reco ord 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. |
| Dated | 7/12 . 2023 |
| | The state of the s |
| | Signature of a member or authorized representative of a member |
| | Ebede Ronielus Typed or printed name of signee |
| | |