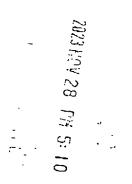
## 123000206510

| (Red                      | questor's Name)   |           |
|---------------------------|-------------------|-----------|
|                           |                   |           |
| (Add                      | dress)            |           |
|                           |                   |           |
| (Add                      | iress)            |           |
|                           |                   |           |
| (City                     | //State/Zip/Phone | e #)      |
|                           |                   |           |
| PICK-UP                   | MAIT              | MAIL      |
|                           |                   |           |
| (Rus                      | iness Entity Nan  | ne)       |
| (555                      | micoo Emity Han   | 110)      |
| (Dos                      | ument Number)     |           |
| 1000                      | ament Namber,     |           |
| Cartified Casina          | C- 4'6' - 1       |           |
| Certified Copies          | Сеплисатея        | of Status |
| <u> </u>                  |                   |           |
| Special Instructions to F | iling Officer:    |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   |           |
|                           |                   | -         |
| · <u> </u>                |                   |           |

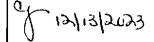


500419502345

11/28/23--01025--018 \*\*25.00



Office Use Only



## **COVER LETTER**

TO:

Tallahassee, FL 32314

| TO: Registration Se<br>Division of Cor      |   |   | •   |
|---|---|---|---|
| -t  | OS BAKERY LLC                                   |   |   |
| SUBJECT:                                    | Name of Lim                                     | ited Liability Company  | · · · · · · · · · · · · · · · · · · ·   |
|   |   |   |   |
|   | Amendment and fee(s) are sub                    | _   |   |
| Please return all correspo                  | ondence concerning this matter                  | to the following:   |   |
|   | Lorenzo J Diaz Escobio                          |   |   |
|   |   | Name of Person  |   |
|   | PASTELITOS BAKERY                               | LLC   |   |
|   | ······································          | Firm/Company  |   |
|   | 9127 Post Oak Ct                                |   |   |
|   |   | Address   |   |
|   | Tampa, FL 33615                                 |   |   |
|   |   | City/State and Zip Code   |   |
|   | lorenzojdiazescobio@gmai                        | l.com to be used for future annual report not                       | (figation)  |
| For further information c                   | concerning this matter, please c                |   |   |
| Lorenzo J Diaz Escobio                      |   | 813 447-4084  |   |
| Name of Person                              |   |   | ne Telephone Number   |
| Enclosed is a check for the                 | he following amount:                            |   |   |
| ■ \$25.00 Filing Fee                        | ☐ \$30.00 Filing Fee &<br>Certificate of Status | ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | ☐ \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
| Mailing Addres Registration 9 Division of C | Section<br>Corporations                         | Street Address:<br>Registration Se<br>Division of Cor               | porations   |
| P.O. Box 632                                | .7  | The Centre of T   | l'allahassee  |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PASTELITOS BAKERY LLC

2023 110 V 28 FM 5: 10

| (Name of the Limit)   | ed Liability Company as it now appears on (<br>(A Florida Limited Liability Company) | our records.)                            |
|---|--|--|
| '   | (X Piorida Ettinted Liability Company)   | and the second of the second             |
| The Articles of Organization for this Limited Li  | ability Company were filed on 04/26/2  | o23 and assigned                         |
| Florida document number L23000206510  | <u> </u>   |  |
|   | <del></del>  |  |
| This amendment is submitted to amend the follo  | owing:   |  |
| A. If amending name, enter the new name of  | the limited liability company here:  |  |
|   |  |  |
| The new name must be distinguishable and contain the wo   | ords "Limited Liability Company," the designa  | ation "LLC" or the abbreviation "L.L.C." |
| Enter new principal offices address, if applica   |  |  |
|   |  |  |
| (Principal office address MUST BE A STREE)  | T ADDRESS)   |  |
|   | <del></del>  |  |
|   |  |  |
| Enter new mailing address, if applicable:   |  |  |
| (Mailing address MAY BE A POST OFFICE I   |  |  |
| Jaming data to MATT THE ATT ONLY OF FICE I  |  |  |
|   |  |  |
| B. If amount in a thought of the second   |  |  |
| B. If amending the registered agent and/or re<br>agent and/or the new registered office address | egistered office address on our record<br>charac                                     | ls, enter the name of the new register   |
| against the new registered office address.  | sucre.   |  |
|   |  |  |
| Name of New Registered Agent:   |  |  |
| New Registered Office Address:  |  |  |
|   | Enter Florida str  | eet 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.

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          | Daniela Escalante Bermejo | 7010 W Pocahontas Ave, | <b>≣</b> Add   |
|              |                           | Tampa, FL 33634        |                |
|              |                           | <del></del>            | ☐Change        |
| <del></del>  |                           |                        | □Add           |
|              |                           |                        | □Remove        |
|              |                           | -                      | □ Change       |
|              |                           |                        | □Add           |
|              |                           |                        | □Remove        |
|              |                           |                        | □ Change       |
|              |                           |                        |                |
|              |                           |                        | □Remove        |
|              |                           |                        | ElChange       |
| <del></del>  |                           |                        | □Add           |
|              |                           |                        | []Remove       |
|              |                           |                        | □Change        |
|              |                           |                        | []Add          |
|              |                           |                        | []Remove       |
|              |                           |                        | □ Change       |

|   |                           | <del></del>  |   | ···- · ·                                      |   |
|---|---------------------------|--|---|---|---|
|   |                           |  |   |   |   |
| ·   |                           |  |   |   | <del></del>                                       |
| <del></del>   | <del></del>               |  |   |   | <del></del>                                       |
|   |                           |  |   |   |   |
| <u> </u>  |                           |  |   |   |   |
| <del></del> -   |                           |  |   | , . <del></del>                               |   |
|   |                           |  |   |   |   |
|   |                           | ***************************************            |   | -   | <del></del>                                       |
|   |                           |  | <u>-</u>  |   |   |
|   |                           |  |   |   |   |
|   |                           |  |   |   |   |
|   |                           | <del></del>  |   |   |   |
|   |                           |  |   |   |   |
|   | <del></del>               |  |   |   |   |
|   |                           |  |   |   | _ <del></del>                                     |
|   |                           |  |   |   |   |
|   |                           |  |   |   |   |
|   | <del></del>               |  |   |   |   |
|   |                           |  |   |   |   |
| <del></del>   |                           |  | _   |   | <del> </del>                                      |
| ·   |                           |  |   |   | <del></del>                                       |
|   |                           |  |   |   |   |
|   |                           |  |   |   |   |
|   |                           |  |   |   |   |
| ffective date, if othe  | r than the date of fili   | ing:   |   | (optional)                                    |   |
| an offective data is listed   | ed in this block does no  | and cannot be prior to a<br>it meet the applicable | ate of filing or more that<br>e statutory filing requ | n 90 days after filing<br>frements, this date | .) Pursuant to 605.0207<br>will not be listed as: |
| an effective date is listed,  | ite on the Department o   | f State's records.                                 | , , ,   |   |   |
| an effective date is listed, fote: If the date inserte  |                           |  |   |   |   |
| an effective date is listed, <b>Sote:</b> If the date inserte   |                           |  |   |   |   |
| an effective date is listed,<br>lote: If the date inserte<br>ocument's effective da<br>record specifies a delay                   | yed effective date, but n | not an effective time,                             | at 12:01 a.m. on the                                  | earlier of: (b) Tl                            | ne 90th day after the                             |
| an effective date is listed,<br><u>sote:</u> If the date inserte<br>occument's effective da<br>record specifies a delay           | yed effective date, but n | not an effective time,                             | at 12:01 a.m. on the                                  | earlier of: (b) Ti                            | ne 90th day after the                             |
| an effective date is listed, sote: If the date inserted occument's effective da record specifies a delay I is filed.              | yed effective date, but n |  | at 12:01 a.m. on the                                  | earlier of: (b) Ti                            | ne 90th day after the                             |
| an effective date is listed,<br><u>Sote:</u> If the date inserte<br>ocument's effective da  | yed effective date, but n | 2023   | at 12:01 a.m. on the                                  | earlier of: (b) Ti                            | ne 90th day after the                             |
| an effective date is listed, tote: If the date inserted occument's effective da record specifies a delay is filed.  November 13th | yed effective date, but n |  | at 12:01 a.m. on the                                  | earlier of: (b) Ti                            | ne 90th day after the                             |
| an effective date is listed, tote: If the date inserted occument's effective da record specifies a delay is filed.  November 13th | nung S                    | · 2023   |   |   | ne 90th day after the                             |
| an effective date is listed, tote: If the date inserted occument's effective da record specifies a delay is filed.  November 13th | nung S                    |  |   |   | ne 90th day after the                             |