Division of Corporations Electronic Filing Cover Sheet

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Doing so will generate another cover sheet.

	To	:	
		Division of Corporations	
		Fax Number : (850)617-6383	r d
	Fro	om:	•
		Account Name : S&S ACCOUNTING SERVICES, INC. Account Number : I20190000091	
		Phone : (786)212-0491	
	1, 0 1, 0	Fax Number : (305)454-6657	
	9. AE	er the email address for this business entity to be used for future	
Table 10	ATE OF C	rennual report mailings. Enter only one email address please.**	
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ina Mase e	2023 0E3 3VIS	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN	
	٦	AIGLE BAKERY LLC	

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Estimated Charge	\$25.00

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Electronic Filing Menu Corporate

Corporate Filing Menu F

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AIGLE BAKERY LLC		·	
(Name of the Lit	(A Florida Limited	pany as it new appears on our records.) Liability Company)	
The Articles of Organization for this Limited			and so the
Florida document number L23000279727			and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited Hal	bility company here:	
The new name must be distinguishable and contain the	words "Limited Linb	ility Company," the designation "LLC" or the al	threviation "L. C. "
Enter new principal offices address, if appl		1420 NE MIAMI PLACE APT 707	202
(Principal office address MUST BE A STRE		MIAMI, FL 33132	<u></u>
Enter new mailing address, if applicable:		1420 NE MIAMI PLACE APT 707	
Mailing address MAY BE A POST OFFICE			
			72
B. If amending the registered agent and/or agent and/or the new registered office addre	as nere:		e of the new register
Name of New Registered Agent:	ZULUAGA FR	ANCO, LAURA MARIANA	
New Registered Office Address:	1420 NE MIAN		
•		Enter Florida street address	
	MIAMI	, Florida ³³¹	
		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 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

Title	Name	Address	Type of Action
AMBR	ZULUAGA FRANCO, LAURA M	1420 NE MIAMI PLACE APT 707	□Add
		MIAMI, FL 33132	□ Removo
			≣Change
AMBR	FRANCO, JOHANNA	1420 NE MIAMI PLACE APT 707	□Add
		MIAMI, FL 33132	□Rcmove
			Change
<u> </u>			⊡Add
	•		□ Remove
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ective date, if other than the affective date is listed, the date in this learnest's effective date on the learnest's effective date on the learnest's effective date.				filing or mor utory filing	e than 90 doys	optional) Her filing.) , this date	Pursuant to 605 will not be liste
cord specifies a delayed offecti s filed.	ve date, but not	t an effective	time, at 12	2:01 a.m. on	the earlier o	f: (b) The	90th day after
ed JULY 17		, 2023	·	Η,	7	,	
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Filing Fee: \$25.00