L23000300635

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(Address)
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COVER LETTER

TO:

то:	Registration S Division of Co		el.	\3			
cunu		AKFAST COMPANY UTC, LI	LC				
SORTI	Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
		Alisha Buckman					
			Name of Person				
		Buckman and Buckman, P	Α				
			Firm/Company				
		2023 Constitution Blvd					
			Address				
		Sarasota, FL 34231					
	City/State and Zip Code						
		alisha@buckmanandbuckm				,	
		E-mail address: (to be used for future annua	il report notificatio	n)	٠:	
For fur	ther information	concerning this matter, please c	all:			د.ه د د	
Alisha Buckman		941 8 at ()	12-9714				
	Name (of Person	Area Code	Daytime Tele	phone Number		
Enclos	ed is a check for t	the following amount:				• • •	
	5.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is en		S60.00 Filing Certificate of Certified Co (additional cop	of Status & opy	
Mailing Address: Pagistration Section			Address:				
Registration Section Division of Corporations			-	Registration Section Division of Corporations			
P.O. Box 6327			The Centre of Tallahassee				
Tallahassee, FL 323		FL 32314	24151	N. Monroe Str	eet, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE BREAKFAST COMPANY UTC, 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 $\frac{06/22/2023}{1}$ and assigned Florida document number L23000300635 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 "LLC." 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) 0 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

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
AMBR	GXS HOLDINGS LLC	5949 ANISE DRIVE	
		SARASOTA, FL 34238	■Remove
			Change
		<u></u>	□ Add
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	after the
6/27/23	3
	: :3 :3

Filing Fee: \$25.00

Typed or printed name of signee