

L990000002983

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000217481 3)))



H120002174813ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
CARMINE'S BAKERY, L.L.C.**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

RECEIVED
12 AUG 31 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 AUG 31 PM 2:28

12 AUG 31 AM 7:41

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

CARMINE'S BAKERY, L.L.C.

(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 05/24/1999 and assigned
Florida document number L99000002983

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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 _____
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 608, 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

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 31 AM 7:41

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

IGRM = Managing Member

Title	Name	Address	Type of Action
MGR	JOHN SCHLATER	68 NORTH HIGH ST., BLDG. C NEW ALBANY, OH 43054	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	GILARDI MANAGMENT. SERVICES, L.L.C.	2100 COUNTRY CLUB ROAD SANFORD, FL 32771	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	THE FATHER'S TABLE, INC.	2100 COUNTRY CLUB ROAD SANFORD, FL 32771	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BARRY VOODRE	2100 COUNTRY CLUB ROAD SANFORD, FL 32771	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 30, 2012

Michael Gilardi

Signature of a member or authorized representative of a member

MICHAEL GILARDI

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 AUG 31 AM 7:41