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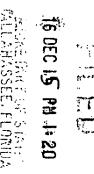
(i	Requestor's Name)
(/	Address)
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(1)	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(1	Business Entity Name)
	Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
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Y SULKER



FLORIDA DEPARTMENT OF STATE Division of Corporations

December 5, 2016

CSIKOS TIMEA 4832 CORTEZ ROAD W BRADENTON, FL 34210

SUBJECT: ANDREW'S BAKERY AND CAFE LLC

Ref. Number: M16000001115



We have received your document for ANDREW'S BAKERY AND CAFE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 716A00025715

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ANDREW'S BAVERY Name of Foreign	1 AND CATE LLC. Limited Liability Company
Dear Sir or Madam:	
The enclosed application, certificate and fee(s) are	e submitted for filing.
Please return all correspondence concerning this	matter to the following:
TIMEA CSIKOS Name of Person	
ANDREW'S BAKERY AND Firm/Company	D CAPSILLC.
H832 COPTEZ TO W. Address	
BRADENTON FL 34210 City/State and Zip Code)
timea. Csikos @ me. com E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pl	ease call:
	11 (941) 320 2206
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount: \$\Begin{array}{c} \$25 \text{ Filing Fee} & \Begin{array}{c} \$30 \text{ Filing Fee & Certificate of Status} \end{array} \$\$CR2E055 (9/15)\$	S55 Filing Fee & S60 Filing Fee, Certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears	s on the reco	rds of the Florida	Department of	
State: ANDREW'S BAKERY	AND	CAPE, 1	LC	-
Enter new principal office address, if applicable:	-	`		-
(<u>Principal office address</u> <u>MUST BE A STREET ADDRESS</u>)	4832 BRAD	ENTON		-
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	48 32 BRAT	COTURAL COTURAL	FL 34210	- -
2. The Florida document number of this limited lia	ability compa	any is: <u>M16</u>	000001115	-
 3. Jurisdiction of its organization: CKLA #16 4. Date authorized to do business in Florida:	1 (2016		
SECTION II (5-9 complete only the applicable	, ,		Σ_{ψ}	
5. New name of the limited liability company: (mus	t contain "Li	imited Liability C	ompany, ""L.L.C.," or "LC."	है। 330 <u>इ</u>
(If name unavailable, enter alternate name adopted copy of the written consent of the managers or mar must contain "Limited Liability Company," "L.L.C	naging memi	bers adopting the	alternate name. The alternate n	
6. If amending the registered agent and/or registerer registered agent and/or the new registered office ac	ed officer add ddress here:	dress on our reco	rds, enter the name of the new	3
Name of New Registered Agent:				-
New Registered Office Address:		Enter Flor	ida Street Address	-
			, Florida	_
		City	, Florida Zip Code	
New Registered Agent's Signature, if changing Re I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper	nt and agree	to act in this cap	acity. I further agree to comply f my duties, and I am familiar w) with vith

If Changing Registered Agent, Signature of New Registered Agent

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.

ction of organization, indicate new jurisdiction

If the amend	ment changes pe	rson, title or capacity	in accordance with 605.0902 (1)(e), indicate	that change:
tle/ Capacity	N	ame	<u>Address</u>	Type of Action
1GD TIMEA COIN	COILDS	16105 31ST ST E PARALIGH, FL 31219	Add	
				Remov
<u></u>				Add
				Remov
	 			∏Add
				75 R
<u></u>			·	SEE, A
				Remove
				Add
				Remov
aforementio	ned amendment		on 90 days old, evidencing the ed by the official having custody of records organized.	in the
	<u></u>	N. J. A. Signatur	re of the authorized representative	

Filing Fee: \$25.00