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COVER LETTER

TO: Amendment Section Division of Corporations

NAME OF CORPORA	ATION: No ROIC	BAKERY CO	MPARY, Inc			
DOCUMENT NUMBE		00 5665				
The enclosed Articles of Amendment and fee are submitted for filing.						
Please return all correspo	ondence concerning this me	atter to the following:				
_	DAVID	LANTER				
	1	Name of Contact Perso	n			
	Lauten	L LEGUARDO .	& LEVU LLC			
		Firm/ Company				
	1800	NW CORPORAT	e Levy, LCC E BLUD # 303			
	_	Address				
	Boca	RATION FL City/ State and Zip Cod	33431			
	· · · · · · · · · · · · · · · · · · ·	City/ State and Zip Cod	e			
E-mail address: (to be used for future annual report notification)						
	c-nan andress: (to be u	seu for future annual report	nonication)			
For further information c	oncerning this matter, pleas	on calls	•			
	oncerning uns matter, pies:	sc can,				
DAVIO	Lauten	561	968-7721			
<u></u>	Contact Person	Area Co	de & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
\$35 Filing Fee	□\$43.75 Filing Fee &	□\$43.75 Filing Fee &	□\$52.50 Filing Fee			
	Certificate of Status	Certified Copy (Additional copy is	Certificate of Status Certified Copy			
		enclosed)	(Additional Copy			
		•	is enclosed)			
Mailin	g Address	Street	Address			
Amendment Section		Street Address Amendment Section				
	n of Corporations	Division of Corporations				
D O Doy 6227		Clies Pulldis				

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation

Noreocc	or Bateri	Com p sole	Tasa	
(Name of Corp	oration as currentl	v filed with the Florid	a Dept. of State)	
P150001	56665	<u> </u>		
α	Document Number of	Corporation (if known)	
rsuant to the provisions of section 607.1006, F Articles of Incorporation:	lorida Statutes, this	Florida Profit Corpora	tion adopts the follo	wing amendary (s)
If amending name, enter the new name of	the corporation:			- FA 6
THE SCANDINAVI	AN FRANC	OHISE Com	PANY Jac	Theo new
me must be distinguishable and contain the Corp.," "Inc.," or Co.," or the designation " ord "chartered," "professional association," o	Corp," "Inc," or "(Co". A professional c	ncorporated" or the corporation name m	e abbreviation usi contain the
Enter new principal office address, if applirancipal office address MUST BE A STREET		MA		第
. Enter new mailing address, if applicable; (Malling address <u>MAY BE A POST OFFIC</u>	E BOX)	NIA		
If amending the registered agent and/or re- new registered agent and/or the new regist	eistered office address:	ess in Florida, enter th	ne name of the	
Name of New Registered Agent	NA		····	
	(Florida stre	et address)	<u> </u>	
New Registered Office Address:	(* 107)		. Florida	
	(City)		(ip Code)
ew Registered Agent's Signature, if changing hereby accept the appointment as registered age	<u>Registered Agent:</u> nt. I am familiar w	ith and accept the oblis	gations of the positio	n.
	Ci	wistand Agant if show		

address of each Officer and/or Director being added: (Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title: P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer, CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD. Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add. Example: X Change John Doe <u>PT</u> X Remove Y Mike Jones X Add <u>sv</u> Sally Smith Address Type of Action Title Name (Check One) 1) ____ Change Add Remove Change _ Add Remove 3) ____ Change ___ Add _ Remove 4) ____ Change ____ Add _ Remove 5) ____ Change _ Add Remove 6) ____ Change __ Add

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and

Remove

	dding additional Artisheets, if necessary).	(Be specific)	eldi Hele:		
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an amendment provisions for in (if not applic	provides for an exch. uplementing the amen able, indicate N/A)	ange, reclassifica idment if not con	tion, or cancellati tained in the ame	on of issued shares. adment (tself:	
					
		· · · · · · · · · · · · · · · · · · ·			

The date of each amendment(s) adoption: 8/19/16 date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 days after amer	ndment file date)
Note: If the date inserted in this block does not meet the applicable statutory fill document's effective date on the Department of State's records.	ing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes by the shareholders was/were sufficient for approval.	cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through voting group must be separately provided for each voting group entitled to vote separately or	s. The following statement n the amendment(s):
"The number of votes cast for the amendment(s) was/were sufficient for ap	proval
by	, n
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without sharehold action was not required.	der action and shareholder
The amendment(s) was/were adopted by the incorporators without shareholder as action was not required. Dated Signature	
(By a director, president or other officer - if directors of	
selected, by an incorporator — if in the hands of a receive	er, trustee, or other court
appointed fiduciary by that fiduciary)	
RUNAR EINARSPU	
(Typed or printed name of person sig	gning)
PLES 10 ENT	
(Title of person signing)	