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5.4/11/11

## **COVER LETTER**

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: L&JBAKES INC
DOCUMENT NUMBER: <u>P24000004464</u>
The enclosed Articles of Amendment and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Youndes Pinto/MAX Izquilido Name of Contact Person
Firm/Company 1127 Del prado Blyd S Address
Cape Coral FC 33990 City/ State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (305) 332-6983  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount made payable to the Florida Department of State:
\$35 Filing Fee
Mailing AddressStreet AddressAmendment SectionAmendment SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303

## Articles of Amendment

to

Articles of Income	rporation
K8J BAKES	Inc
(Name of Corporation as currently	filed with the Florida Dept. of State)
P24000	004464
(Document Number of C	Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this <i>Fl</i> its Articles of Incorporation:	orida Profit Corporation adopts the following amendment(s) to
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporation," "co. "Inc.," or Co.," or the designation "Corp," "Inc," or "Co". A properties of the abbreviation "P.A."	
B. <u>Enter new principal office address, if applicable:</u> (Principal office address <u>MUST BE A STREET ADDRESS</u> )	:
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	·
<u></u>	c,
D. If amending the registered agent and/or registered office addressing registered agent and/or the new registered office address:	ss in Florida, enter the name of the
	dis Pinto
1177 Del pro	do Bluds unitc
(Florida stree	t address)
New Registered Office Address: Cape (	eral Florida FL
1	'ity) (Zip Code)
New Registered Agent's Signature, if changing Registered Agent:  I hereby accept the appointment as registered agent. I am familiar with	th and account the obligations of the position
riereo, accept the appointment as registered agent. Tam jaminar wit	n and accept the obligations of the position.
Signature of New Rea	istered Agent if changing

Check if applicable

☐ The amendment(s) is/are being filed pursuant to s. 607.0120 (11) (e), F.S.

address of each Office (Attach additional she Please note the office: P = President: V = V Executive Officer: CF President, Treasurer, Changes should be not a change, Mike Jones Mike Jones, V as Rem Example:	ser and/or Director  ets. if necessary)  r/director title by to  ice President; T=  O = Chief Financi  Director would be  oted in the followin  teaves the corpor  nove, and Sally Smi	or being added:  the first letter of the office title:  Treasurer; S= Secretary; D= Director; TR=  tal Officer. If an officer/director holds more the  PTD.  The manner. Currently John Doe is listed as the  ation, Sally Smith is named the V and S. Thes  tith, SV as an Add.	Trustee; $C = Chairman \ or \ Clerk$ ; $CEO = Chief$ han one title, list the first letter of each office held.  The PST and Mike Jones is listed as the V. There is see should be noted as John Doe, PT as a Change,
X Change	<u>PT</u> <u>Johr</u>	<u>1 Doe</u>	
X Remove	<u>V</u> <u>Mik</u>	<u>e Jones</u>	
X Add	<u>SV</u> <u>Sall</u>	y Smith	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change	P_MA	x Izquierdo_	1127 Del prado Blads
Add			(pelvral FL 33990
Remove	_	, oʻ l	
2) Change	2	Youndis Pinto	unite apeloral FC 3399
<b>↓</b> Add			unite apeloral + C 3399
Remove Change	<del></del>		
Add			
Remove			
4) Change			7.7
Add			· · · · · · · · · · · · · · · · · · ·
Remove			

5) \_\_\_\_ Change

\_\_\_\_ Add

6) \_\_\_\_ Change

\_\_\_\_ Add

\_\_\_\_ Remove

\_\_\_\_ Remove

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate NA)	•	
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date <u>if applicable</u> :	
(no more than 90 de	tys after amendment file date)
Note: If the date inserted in this block does not meet the applicabl document's effective date on the Department of State's records.	e statutory filing requirements, this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the incorporators, or boar action was not required.	d of directors without shareholder action and shareholder
☐ The amendment(s) was/were adopted by the shareholders. The nu by the shareholders was/were sufficient for approval.	mber of votes cast for the amendment(s)
☐ The amendment(s) was/were approved by the shareholders through must be separately provided for each voting group entitled to vote	
"The number of votes cast for the amendment(s) was/were so	ufficient for approval
by Max Isquerdo (voting group)	·
(voting group)	
Dated 4/16/2024  Signature // 1/2024	
Signature Mar Fruit	
(By a director, president or other officer - selected, by an incorporator - if in the ha appointed fiduciary by that fiduciary)	
Typed or printed nam	equierdo
	•
Prus	idal!
(Title of person signing	<u> </u>