

L170000 93217

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19 OCT 15 09 08 AM

Amend

10/15/19
10:08 AM

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BREAD & VANILLA LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ALEJANDRO PEREZ, ESQUIRE
Name of Person
MTK INTERNATIONAL LAW GROUP
Firm/Company
1900 N BAYSHORE DRIVE, SUITE 1A
Address
MIAMI, FL 33132
City/State and Zip Code
mkhacer@mtklawgroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ALEJANDRO PEREZ at (331) 2347334
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
STATE
DEPARTMENT OF
CORPORATIONS
19 OCT 15 AM 8:44

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

BUREAU OF REVENUE
STATE OF FLORIDA
19 OCT 15 PM 8:46

BREAD & VANILLA 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 04/26/2017 and assigned Florida document number L17000093217.

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 "L.L.C."

Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)

2300 PONCE DE LEON
CORAL GABLES, FL 33134

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2300 PONCE DE LEON
CORAL GABLES, FL 33134

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 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.

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>	<u>Address</u>	<u>Type of Action</u>
MGR	JUNIOR 2090 LLC	2300 Parca de Leon	<input type="checkbox"/> Add
		Caral Gables, FL 33134	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	LOPERA FASARDO	2300 Parca de Leon	<input type="checkbox"/> Add
	Mario Humberto	Caral Gables, FL 33134	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

