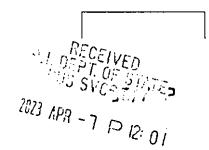


Amendment to Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$50.00



Pursuant to the provisions of RfGL <u>7-16-52</u> the undersigned foreign limited liability company hereby amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. Entity ID Number:	2. The name of the limited liability company is:		
001754331	Flowers Bakeries Sales of Northeast, LLC		
3. If the entity's name is changing, state the new name:	Flowers Bakeries Sa	ales of New England, LLC	
		Check the box to indicate no change	
3a. The entity's name, if different, under which it proposed to register transact business in Rhode Island i			
4. If the period of duration has char	nged in the home state, complete	the following section: CHECK ONE BOX ONLY	
Perpetual (on-going)			
Date certain for dissolution		Check the box to indicate no change	
If the required address of the offi the following section:	ce to be maintained in the state of	or country of its organization has changed, complete	
415 Lisbon Street, Lewiston, ME 04240			
		Check the box to indicate no change	
6. If the mailing address is changing	g complete the following section:		
1919 Flowers Circle, Thomasville, GA 31757			
		Check the box to indicate no change	
7. If the entity's purpose is changing transacted in the State of Rhode Island	- · ·	*The new purpose should include ALL activity to be	
Check the box to indicate an attach	nment	Check the box to indicate no change	

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov APR 07 2023 BY 2908) DocuSign Envelope ID: 72660DD7-D78D-4926-8022-555922AB13D0

8. If the management structure ha	s changed, complete the following section:	···	
The Limited Liability Company is to	be managed by: CHECK ONLY ONE BOX		
Its member(s) (If you have ch	ecked this box, skip to Section 9. DO NOT fill out the cha	irt on the next page.)	
One (1) or more manager(s) to the Application for Registra	(If the limited liability company has manager(s) at the time tition, state the name and address of each manager.)	e of the filing of this Amendment	
MANAGER	ADDRESS		
·			
	Check th	e box to indicate no change	
9. As required by RIGL <u>7-16-67</u> , th	e limited liability company has paid all fees and taxes.		
	original Application for Registration continues in full force ity, by reference into this Amendment to the Application for		
	the Application for Registration will be effective: CHECK	*	
Data received (Upper filling)			
Date received (Upon filing)			
Later effective date (Date mu	st be no more than 90 days from the date of filing)		
	and affirm that I have examined this Amendment to the A hments, and that all statements contained herein are true		
Type or Print Name of Limited Liability		Date	
Stephanie Tillman		04/06/2023 9:44:43 AM ED	
Signature of Authorized Person			
DozuSigned by:			
Stephanie B. Tillman			