

L20000178927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

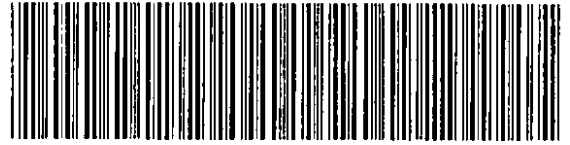
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

TO: Registration Section  
Division of Corporations

SUBJECT: Harris Nourishing Angels 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:

Cherie N Donald

Name of Person

Harris Nourishing Angels LLC

Firm/Company

2314 30th St. S

Address

St. Petersburg FL 33712

City/State and Zip Code

Harrisnourishingangelsllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cherie Donald

727

6426922

at ( )

Name of Person

Area Code

Daytime Telephone Number

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TALLAHASSEE, FL

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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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

Harris Nourishing Angels 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 06/25/2020 and assigned Florida document number L20000178927

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)

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

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**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:**

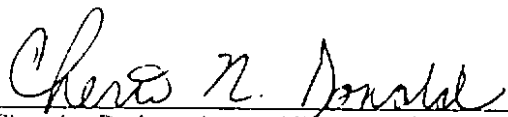
Name of New Registered Agent: Cherie N. Donald

New Registered Office Address: 2314 30th St S.  
*Enter Florida street address*

St. Petersburg, Florida 33712  
*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

By including 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	Cherie N. Donald	2314 30th St S	<input checked="" type="checkbox"/> Add
		St. Petersburg FL 33712	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Cherie N Harris	340 15th Ave S.	<input type="checkbox"/> Add
		St. Petersburg FL 33701	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Elizabeth Gibson	10 Cypress Dr.	<input checked="" type="checkbox"/> Add
		Palm Harbor FL 34689	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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