

K2C 000 365 285

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

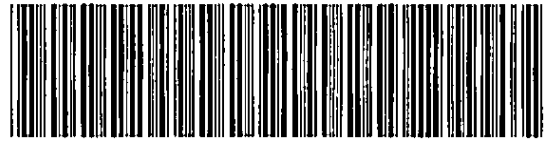
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

NC 1/1A

Office Use Only



400380076504

01/27/22--01011--011 **25.00

2022 JAN 27 AM 9:56
RECEIVED
TAX SERVICES
2-24-22
TA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lagniappe Consulting, 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:

Tony Lagman

Name of Person

Firm/Company

2829 Yellow Jacket Dr.

Address

Vernon, FL 32462

City/State and Zip Code

lagniappteservices@outlook.com

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

For further information concerning this matter, please call:

Kimberly C. Cole

850 610-0185
at ()

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 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**

Lagniappe Consulting, 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 November 18, 2020 and assigned Florida document number L20000365285.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Chapel Branch & Lagniappe, LLC

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)

2022 JAN 27 AM 9:56

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: Kimberly C. Cole

New Registered Office Address: 1173 E. John Sims Pkwy.

Enter Florida street address

Niceville Florida 32578

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>
AMBR	Alan Cushman	1681 Buddy Rd.	<input checked="" type="checkbox"/> Add
		Chipley, FL 32428	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Carissa Cushman	1681 Buddy Rd.	<input checked="" type="checkbox"/> Add
		Chipley, FL 32428	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2022 JAN 2
 11:56 AM
 56

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

2022 JAN 27 AM 9:56
FILED
MAR 27 2022

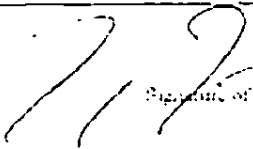
E. Effective date, if other than the date of filing: _____ (optional)

If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Pursuant to 065 (2)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed in the document's effective date on the Department of State's records

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of (b) The 90th day after the record is filed

Dated: January 19, 2022


Signature of a member or authorized representative of a member
Tony Lognon
Typed or printed name of signer

Filing Fee: \$25.00