

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
22000421782

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To: Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
THE FOODIE NINJA TEAM L.L.C.

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JAN 24 2023

COVER LETTER

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Registration Section
Division of Corporations

OBJECT: THE FOODIE NINJA TEAM L.L.C.
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

LOVETTE DOBSON
Name of Person
Firm/Company
17350 STATE HWY 249 #220
Address
HOUSTON, TX 77064
City/State and Zip Code
EFILE1234@INCFILE.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LOVETTE DOBSON at (888) 462-3453
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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

((H23000024442 3))

THE FOODIE NINJA TEAM L.L.C.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 09/29/2022 and assigned
a document number 122000421782.

Amendment is submitted to amend the following:

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

Every name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

new principal offices address, if applicable:

2965 Covenant Cove Dr.

Principal office address MUST BE A STREET ADDRESS)

Jacksonville, FL 32224

new mailing address, if applicable:

2965 Covenant Cove Dr.

Mailing address MAY BE A POST OFFICE BOX)

Jacksonville, FL 32224

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:

REPUBLIC REGISTERED AGENT LLC

New Registered Office Address:

1150 Nw 72nd Ave Lower Fl Ste 455

Enter Florida street address

Miami

City

Florida

State

33126

Zip Code

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LLC

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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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.

Lorutte Johnson

IF Changing Registered Agent, Signature of New Registered Agent

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MR = Manager
BR = Authorized Member

<u>Reg</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
BR	MICHAEL CASTRO	2965 Covenant Cove Dr.	<input type="checkbox"/> Add
		Jacksonville, FL 32224	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
BR	JESSICA CASTRO	2965 Covenant Cove Dr.	<input type="checkbox"/> Add
		Jacksonville, FL 32224	<input type="checkbox"/> Remove
			<input checked="" 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

...ending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for entering information.

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 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If 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 document is filed.

Effective on or after _____ JANUARY, 19 _____ 2023

Michael Castro

Signature of a member or authorized representative of a member

Michael Castro

Typed or printed name of signee