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(City/State/Zip/Phone #)

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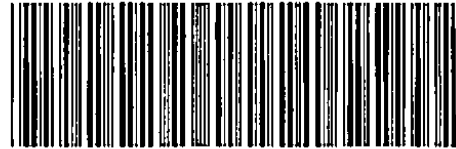
(Business Entity Name)

(Document Number)

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09/16/2013

2013 SEP 16 P 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 2

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Wild Hare Kitchen and Garden Emporium

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:

Cheryl Bryant

Name of Person

Wild Hare Kitchen and Garden Emporium

Firm/Company

335 North Ronald Reagan Blvd

Address

Longwood, FL 32750

City/State and Zip Code

Cheryl@CherylBryant.com

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

For further information concerning this matter, please call:

Cheryl Bryant

407 7650188

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 Stat
Certified Copy
(additional copy is en

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

TO
ARTICLES OF ORGANIZATION
OF

Wild Hare Kitchen and Garden Emperium, LLC

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

FIL

The Articles of Organization for this Limited Liability Company were filed on January 13, 2014

25 SEP 16

Florida document number L14000006626

SECRETARY
TALLAHASSEE

This amendment is submitted to amend the following:

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

Wild Hare Kitchen and Garden Emporium, LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbre

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)

B. If amending the registered agent and/or registered office address on our records, enter the 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

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 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 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

MGR = Manager
AMBR = Authorized Member

[illegible]

Lined area for document content.

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.) Pursu
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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
(b) The 90th day after the record is filed.

Dated 9-12-2019

Cheryl Damron Bryant

Signature of a member or authorized representative of a member

Cheryl Damron Bryant

Typed or printed name of signee