

L15 000032511

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FRESH LEGAL PERSPECTIVE, PL

Account Number : I20180000041

Phone : (813)448-1042

Fax Number : (813)484-3531

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19 AUG 29 PM 4:56

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TALLAHASSEE, FL

2019 AUG 29 PM 1:20

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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AUG 30 2019

M. SOLOMON

**LLC AMND/RESTATE/CORRECT OR M/MG
RESIGN**

NIGHT CHEESE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: Night Cheese 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:

Keathel Chauncey, Esq.

Name of Person

Fresh Legal Perspective

Firm/Company

6930 W Linebaugh Ave

Address

Tampa FL 33625

City/State and Zip Code

contact@bltfl.com

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

For further information concerning this matter, please call:

Keathel Chauncey

813

448-1042

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/COURIER ADDRESS:**Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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Night Cheese 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 2/20/2015 and assigned
Florida document number L15000032511.

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)

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:

New Registered Office Address:

Enter Florida street address

City, Florida *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:

MCR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Tilted Bear Trust	6930 W Linebaugh Ave	<input type="checkbox"/> Add
		Tampa FL 33625	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SEA Revocable Trust	6930 W Linebaugh Ave	<input checked="" type="checkbox"/> Add
		Tampa FL 33625	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	The Archer Trust	6930 W Linebaugh Ave	<input checked="" type="checkbox"/> Add
		Tampa FL 33625	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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2019 AUG 29 Fri 1:46

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 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 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 August 26, 2019

Robert Chung

Signature of a member or authorized representative of a member

Keathel Chauncey, Esq.

Typed or printed name of signee

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Filing Fee: \$25.00

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