

L1 6000042552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

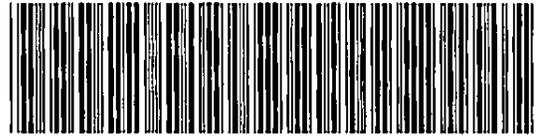
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 AUG 29 AM 11:49  
TALLAHASSEE, FLORIDA

100 100

# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: meet, make, celebrate 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:

alison Hjeim

Name of Person

allegated Bakery Co

Firm/Company

1517 Atlantic Blvd

Address

Neptune Beach FL 32206

City/State and Zip Code

jstern@bapblaw.com

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

For further information concerning this matter, please call:

M. Jesse Stern

Name of Person

at ( 904 ) 246-9994

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



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>
<u>MGR</u>	<u>Rachel Oermer</u>	<u>322 Sunrise Circle</u>	<input type="checkbox"/> Add
		<u>Neptune Beach, FL 32266</u>	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>MGR</u>	<u>Lauren Nasta</u>	<u>1523 Atlantic Blvd.</u>	<input checked="" type="checkbox"/> Add
		<u>Neptune Beach, FL 32266</u>	<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"/> Change

ALL INFORMATION CONTAINED  
 HEREIN IS UNCLASSIFIED  
 DATE 17 AUG 2011 BY 60322  
 AMB:490

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

Multiple horizontal lines for amending information.

17 AUG 25 AM 11:49  
STATE SEC. FLORIDA

E. Effective date, if other than the date of filing: August 25, 2017 (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 22, 2017

[Signature]  
Signature of a member or authorized representative of a member

Alison Hjelm  
Typed or printed name of signee