

L16 000 177293

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

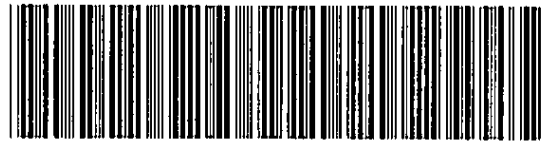
(Business Entity Name)

(Document Number)

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09/23/21--01007--019 **25.00

FILED
2021 SEP 23 AM 7:26
CLERK OF COURT

D BRUCE
OCT 02 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CHANGE OF REGISTERED AGENT FOR "THE HEALTHFUL BAKER, 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:

CAROL W. MUGO
Name of Person
THE HEALTHFUL BAKER, LLC
Firm/Company
725 DUNLAWTON AVENUE, UNIT 290837
Address
PORT ORANGE, FL 32129
City/State and Zip Code
THEHEALTHFULBAKER@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CAROL W. MUGO at (321) 270-0051
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

2021 SEP 23 AM 7:28

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE HEALTHFUL BAKER, 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 04/18/2021 and assigned
Florida document number L16000177293.

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)

FILED
2021 SEP 23 AM 7:18
TALLAHASSEE, FL
STATE OF FLORIDA

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: CONSUSOR PRO LLC

New Registered Office Address: 2665 NORTH ATLANTIC AVENUE, SUITE 401
Enter Florida street address

DAYTONA BEACH Florida 32118
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.

Jay Lucas
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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
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FILED
MAR 23 2021
FBI - TAMPA

2021 SEP 23 AM 11:29
SCOTT COUNTY
TALLAHASSEE, FL

2021 SEP 23 AM 7:29
SERIALIZED
FALL 2021

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.

Dated SEPTEMBER 10 2021

Signature of a member or authorized representative of a member

CAROL W. MUGO

Typed or printed name of signee