L17000 16511

(Re	equestor's Name)	_
(Ad	idress)	
(Ad	ldress)	
(Cit	ry/State/Zip/Phone	= #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	 -
Opecial instructions to	r imig Officer.	
	4	
12/1/	7	

Office Use Only



900335941459

10/28/19--01022--028 **85.00

TAISION OF CORPORATIONS THE TARY OF STATE

DEC 12 2019 C MICNAIR



Income Tax & More

2800 Aurora Road, Suite C Melbourne, FL 32935



December 9, 2019

Florida Department of Revenue Division of Corporations PO Box 6327 Tallahassee, Florida

Re: Harris Family Breads LLC

Dear Representative:

Thank you for returning the request for amending the Articles of Organization with the correct documents needed.

Those documents have been completed and I am returning them to you for processing. I have not included a check as one was included with the original request.

Please let me know if there is anything else you need to complete this request.

Thank you for your help

Sincerely,

Ľinda Hubert, E.A.

RECEIVED
DEC 1 1 2019

COVER LETTER

TO: Registration Se Division of Cor		•	·:	
· subject:/	Harris Fam Name of Lim	My Breads Lited Liability Company	10	Solve House of the Company of the Co
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	•	٠ ١ ١
Please return all correspo	ondence concerning this matter	to the following:		02
	Line	Rame of Person		
		Traine of Fernon		
	Income	Tay + More Firm/Company		
	Me Bour Linda D	Address Address AC FL City/State and Zip Code Income Tox To be used for future annual report not	12935 Mice cam	
	E-mail address: ()	to be used for future annual report no	ification)	
For further information e	concerning this matter, please ca	all:		
Linda Hus	ber + of Person	at (<u>32/</u>) 75/ Area Code Daytir	-2400 ne Telephone Number	
Enclosed is a check for the	he 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 tadditional 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

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

ARTICLES OF	The state of the s
TO ARTICLES OF O	
O	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on $8/2/2017$ and assigned
Florida document number <u>417000165111</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity 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:	400 IRIS Lane
(Mailing address MAY BE A POST OFFICE BOX)	400 IRIS Lane Melbourne, FL 32901
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address

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.

City

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>	Type of Action
MGR	Natalie L Harris	4335 Milwankee Ave	🗆 Add
		4335 Milwankee Ave Milbourne FL 32904	
			□Change
			🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
	<u> </u>		□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			🗆 Add
			Remove

Page 2 of 3

Effect	tive date, if other than the date of filing: 2019 (optional) fective 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
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as nent's effective date on the Department of State's records.
The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
	12/9.2019.
Dated	
Dated	
Dated	Signature of a member or authorized representative of a member Linda S Haber + Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department ris Family Breads LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
L1700016511	1
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is: 7/1/2019
4. I. Natalie L. Ha	
	iame of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Matri	Han
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

Attached are the form and instructions to amend the Articles of Organization of a Florida Limited Liability Company.

A limited liability company can amend its articles of organization by filing articles of amendment with the Division of Corporations that meet the requirements of s. 605.0202. Florida Statutes, which is printed on the reverse side of this letter.

- Pursuant to s.605.0202 (2)(d), Florida Statutes, the document must be typed or printed and must be legible.
- Pursuant to s. 605.0207, Florida Statutes, an effective date may be specified but it must be specific, cannot be prior to the date of filing, and cannot be more than 90 days in the future.
- If you are changing the name of the limited liability company, the new name must be distinguishable on the records of the Florida Department of State.

The new name must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "L.L.C.,"

A preliminary search for name availability can be made on the Internet through the Division's records at www.sunbiz.org. Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

- If the registered agent is changed by the amendment, the new agent must sign accepting the appointment, and must state that he or she is familiar with and accepts the obligations of the position. Additional sheets may be attached if necessary.
- The fees are as follows: \$25.00 Filing

\$25.00 Filing Fee \$30.00 Certified copy (optional) \$ 5.00 Certificate of Status (optional)

Submit one check made payable to the Florida Department of State for the total amount of the filing fee and any certificate or copy. Please include a cover letter containing your daytime telephone number and return address. A letter of acknowledgment will be issued after the amendment has been filed.

Any further inquiries on this matter should be directed to the Registration Section by calling (850) 245-6051, or by writing Division of Corporations, P. O. Box 6327, Tallahassee, FL, 32314.

NOTE: THIS FORM FOR FILING ARTICLES OF AMENDMENT IS BASIC. EACH LIMITED LIABILITY COMPANY IS A SEPARATE ENTITY AND AS SUCH HAS SPECIFIC GOALS, NEEDS, AND REQUIREMENTS. ADDITIONAL SHEETS MAY BE ATTACHED AS REQUIRED.

THE DIVISION OF CORPORATIONS RECOMMENDS THAT ALL DOCUMENTS BE REVIEWED BY YOUR LEGAL COUNSEL. THE DIVISION IS A FILING AGENCY AND AS SUCH DOES NOT RENDER ANY LEGAL, ACCOUNTING, OR TAX ADVICE. THE PROFESSIONAL ADVICE OF YOUR LEGAL COUNSEL TO ASCERTAIN EXACT COMPLIANCE WITH ALL STATUTORY REQUIREMENTS IS STRONGLY RECOMMENDED.