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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:





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TO: Registration Section

Tallahassee, FL 32314

Division of Cor	rporations			
Erik Horto				
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Erik Horton			
		Name of Person		
	Erik Horton, LLC			
	 	Firm/Company		
	6016 61st Ct. E			
		Address		
	Palmetto, Florida 34221			
	1	City/State and Zip Code		
	erik_horton@me.com			
		to be used for future annual report not	(fication)	
For further information c	concerning this matter, please c	aii:		
Erik Horton		860 798-3958 at ()		
Name o	of Person	at ()Area Code Daytim	ne Telephone Number	
Enclosed is a check for the	he following amount:			
☐ \$25.00 Filing Fee	S30.00 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 Addres		Street Address:	ation	
Registration Section Division of Corporations		Registration Se Division of Co		
P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street. Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Erik Horton, LLC (Name of the Limited Liability Cumpany as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were tiled on $\frac{3/12/2018}{2}$ and assigned Florida document number 1.18000063855 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Unleash The Yeast, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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

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:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
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n effective date is listed, the date te: If the date inserted in this	must be specific and	cannot be prior to d	late of filing or more	than 90 days afte	r filing.) Pursua	ent to 605.02 It be listed
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Filing Fee: \$25.00