

L18 000 179982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

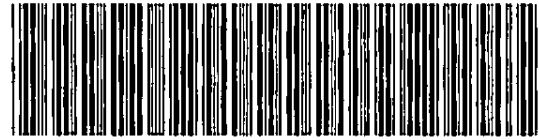
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2022 JAN 28 AM 9:45  
OF STATE  
1 EFD



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 13, 2022

JODEE SOLTES  
13 CUTE COURT  
PALM COAST, 32137

SUBJECT: CLEAN EATS KITCHEN LIMITED LIABILITY COMPANY  
Ref. Number: L18000179982

We have received your document for CLEAN EATS KITCHEN LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers  
Regulatory Specialist II

Letter Number: 222A00001057

COVER LETTER

RECEIVED

TO: Registration Section  
Division of Corporations

SUBJECT: Clean Eats Kitchen 2022 JAN 28 AM 9:00  
Name of Limited Liability Company

SECRETARY OF STATE  
TALLAHASSEE, FL

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jodee Soltrs  
Name of Person  
Redefind Food Co LLC  
Firm/Company  
160 Cypress Point Pkwy Unit A106  
Address  
Palm Coast FL 32164  
City/State and Zip Code  
redefinrdfoodco@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jodee Soltrs at 386 503-1756 cell  
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)
- mailed check and cashed already*

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

Clean Eats Kitchen 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 7-26-2018 and assigned Florida document number L1800179982

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Redefined Food Co LLC

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**)

N/A

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

N/A

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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

City

2022 JAN 28 AM 9:45  
FILED  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

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.

N/A

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>
_____	_____	N/A	<input type="checkbox"/> Add
_____	_____	_____	<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
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change

