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	tegistration Sec Division of Corp			6	
		akery & Artisan Cafe, LLC		Q.	
SUBJECT	Γ:	Name of Lim	Name of Person Firm/Company Suite 900 Address City/State and Zip Code be used for future annual report notification) :: at (
The enclos	sed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	ırn all correspo	ndence concerning this matter	to the following:		
		Andrew F. Ford, Esq.			
			Name of Person		
		Ford & Ford, P.A.			
			Firm/Company	,	
		100 Second Avenue South	, Suite 900		
			Address		
		St. Petersburg, Ft. 33701			
			City/State and Zip Code	otification)	
		cheri.kuenn@fordpa.com			
		E-mail address: (to be used for future annual report notific	cation)	
For furthe	r information co	oncerning this matter, please ca	all:		
Andrew I	F. Ford, Esq.		727 894-2907 at ()		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.00	0 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

19 OEC 72 M.O. L.)

The Edge Bakery & Artisan Cafe, 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 May 13, 2019 and assigned				
Florida document number L19000129396					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company here:				
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the abbreviation "L.L.C."				
Enter new principal offices address, if applicable:	258 Rich Valley Road				
(Principal office address MUST BE A STREET ADDRESS)	Mechanicsburg, PA 17050				
Enter new mailing address, if applicable:	258 Rich Valley Road				
(Mailing address MAY BE A POST OFFICE BOX)	Mechanicsburg, PA 17050				
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	\				
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida street address				
	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.

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>	Address	Type of Action
MGR	James Glenn	164 NE Elm Terrace	□ Add
		Jensen Beach, FL 34957	
			■ Remove
			□ Change
MGR	Michael K. Hinkle	258 Rich Valley Road	Add
		Mechanicsburg, PA 17050	□ Remove
			☐ Change
			
			□ Remove
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		November 15.	2019			
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er. If the date inscried in thi	is block does not med	et the applicable	e statutory filing	requirements, th	us date will not be lis	sted
ument's effective date on th	ie Department of Sta	ie s records.				
ecord specifies a dela	ived effective da	te hist not a	n effective ti	me at 12:01	a milion the earl	lier
ne 90th day after the	record is filed.					
ed 11/16		2015				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00