

L19000129396

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700337421187

12/02/19--01030--002 **25.00

FILED
CLERK OF STATE
DIVISION OF CORPORATION
19 DEC -2 AM 9:47

JAN 08 2020
C McNAIR

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: The Edge Bakery & Artisan Cafe, LLC

Name of Limited Liability Company

RECEIVED
DIVISION OF CORPORATIONS
19 DEC -2 AM 9:47

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

Please return all correspondence 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, FL 33701

City/State and Zip Code

cheri.kuenn@fordpa.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andrew F. Ford, Esq.

727

894-2907

at (_____) _____

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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

1-1-60
DIVISION OF CORRECTIONS
19 DEC-2 AM 9:47

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Page 1 of 3

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>
MGR	James Glenn	164 NE Elm Terrace	<input type="checkbox"/> Add
		Jensen Beach, FL 34957	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Michael K. Hinkle	258 Rich Valley Road	<input checked="" type="checkbox"/> Add
		Mechanicsburg, PA 17050	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Michael K. Hinkle, Authorized Member

Typed or printed name of signee