

K19000151595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

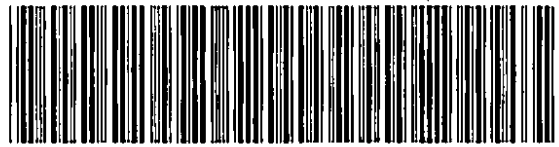
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400383755114

03/21/22--01015--006 \*\*30.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
22 APR 22 PM 12:06

T. MATTHEWS

MAY 11 2022



RECEIVED

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2022 APR 22 AM 8:05

SECRETARY OF STATE  
TALLAHASSEE, FL

April 1, 2022

DANIELLE N CHALMERS  
1300 RUSSELL DR  
ST. PETERSBURG, FL 33710

SUBJECT: SPRINKLE AND SPICE, LLC  
Ref. Number: L19000181595

We have received your document for SPRINKLE AND SPICE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. *If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR."* We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Tekayla T Matthews  
OPS

Letter Number: 122A00007637

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPRINKLE AND SPICE, LLC  
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DANIELLE N. CHALMERS  
Name of Person

Sprinkle and Spice, LLC  
Firm/Company

1300 Russell Dr. N  
Address

St. Petersburg, FL 33710  
City/State and Zip Code

Shopsprinkleandspice@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Danielle Chalmers at (727) 460-2557  
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 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**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Sprinkle and Spice, LLC

22 APR 22 PM 12: 06

(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 07/15/2019 and assigned Florida document number L19000181595.

This amendment is submitted to amend the following:

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

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)

1300 Russell Drive N.

St. Petersburg, FL 33710

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1300 Russell Drive N.

St. Petersburg, FL 33710

**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:

Danielle N. Chalmers

New Registered Office Address:

1300 Russell Drive N.

Enter Florida street address

St. Petersburg

City

Florida

33710

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.*

Danielle Chalmers

**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>
--------------	-------------	----------------	-----------------------

MGRM	Sheryl Davis	5800 Westchester Blvd.	<input type="checkbox"/> Add
		St. Petersburg, FL 33709	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGRM	Danielle Chalmers	1306 Russell Drive N.	<input type="checkbox"/> Add
		St. Petersburg, FL 33710	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change

MGRM	Marie DeMeza	10107 Tarpon Drive	<input type="checkbox"/> Add
		Treasure Island, FL	<input type="checkbox"/> Remove
		33706	<input checked="" 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]

(If an effective 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 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated April 15 2022

Samuel Chalmer  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Danielle Chalmers  
Typed or printed name of signee

Typed or printed name of signee

**Filing Fee: \$25.00**