L20000057900

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COVER LETTER

Registration Section

Tallahassee, FL 32314

TO:

Div	ision of Cor	porations				
CHRIECT	The Credit			e A		
SUBJECT:			ited Liability Company			
The enclosed	l Anicles of	Amendment and fec(s) are sub-	mitted for filing.			
		ndence concerning this matter				
		Bemika Brown				
			Name of Person			
			Firm/Company			
		10951 Copper Hill Dr	r mine ompany			
		тозэт соррет тиг ы	Address			
		Jacksonville, Florida 32218	3			
			City/State and Zip Code	<u> </u>		
		brown_bernika@yahoo.com)			
		E-mail address: (to be used for future annual report no	tification)		
For further in	nformation c	oncerning this matter, please ca	nll:			
Bernika Bro	wn		904 924-5230 at ()			
Name of Person		Area Code Daytii	me Telephone Number			
Enclosed is a	i check for th	ne following amount:				
□ \$25.00 F		■ \$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)		
<u>Ma</u>	iling Addres	<u>s:</u>	Street Address:			
	gistration S		Registration Section			
		orporations	Division of Co	•		
P.C	D. Box 632	1	The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Credit Place				
(Name of the Lim	ited Liability Compa (A Florida Limited)	iny as it now appears on a Liability Company)	our records.)	
he Articles of Organization for this Limited L		were filed on $\frac{02/20/26}{2}$	020	and assigned
lorida document number L20000057900				
his amendment is submitted to amend the fol	lowing:			
a. If amending name, enter the new name o	of the limited liab	ility company here:		
Metro Ovens , LLC				
he new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the abbrevi	ation "L.L.C."
nter new principal offices address, if appli	cable:	900 Broward Rd # 23	35	
Principal office address MUST BE A STRE		Jacksonville, Florida	32218	
nter new mailing address, if applicable:	10951 Copper Hill D	er -		
Mailing address MAY BE A POST OFFICE	<u> </u>	Jacksonville, Florida	32218	
3. If amending the registered agent and/or gent and/or the new registered office addre	~	address on our recor	ds, <u>enter the name of</u>	the new regist
Name of New Registered Agent:	Bernika Brown	· · · · · · · · · · · · · · · · · · ·		
New Registered Office Address:	900 Broward R	d #235		
		Enter Florida st	reet address	
	Jacksonville		Florida ³²²¹⁸	۵.
		City		ıp 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 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
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ffectiv	e date, if other th	an the date of	filing:	 		_ (optional)	400.000
an effec lote: I	rtive date is listed, the f the date inserted in	date must be specif n this block does	not meet the apr	nor to date of film plicable statutory	g or more than 90 c : filing requirem	lays after tiling.) Put ents, this date will	not be listed as
ocume	nt's effective date o	n the Departmen	t of State's recor	rds.	• •		
	specifies a delayed	effective date, bu	it not an effectiv	e time, at 12:01	a.m. on the earli	er of: (b) The 90	th day after the
l is file	d.						
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	19/1			<u> </u>	₹ <u>.</u>		
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Typed or printed name of signee