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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

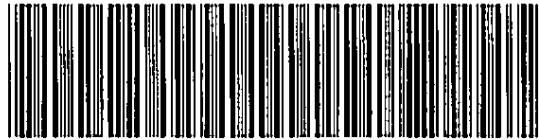
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/18/22--01010--002 **25.00

2022 DEC 16 AM 11:26

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: THE CRUMB FACTORY, 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:

Pablo Mardones

Name of Person

THE CRUMB FACTORY, LLC

Firm/Company

5701 Central Avenue

Address

St. Petersburg, FL 33710

City/State and Zip Code

Crumbfactorybakery@gmail.com

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

For further information concerning this matter, please call:

Kathryn Christian

813

892-5696

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2022 DEC 16 PM 11:26
CLERK
TALLAHASSEE

THE CRUMB FACTORY, LLC

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>
AMBR	Zavala Felipe	IV Centenario 283 Apt. 31	<input type="checkbox"/> Add
		Las Condes, Santiago, RM. 7570140, CL	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Kathryn Christian	4900 3rd Street North	<input type="checkbox"/> Add
		St. Petersburg, FL 33703	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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4000

2022年11月16日

(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 December 10, 2022

Kathy On
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kathryn Christian

Typed or printed name of signee

Filing Fee: \$25.00