

L20000151655

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

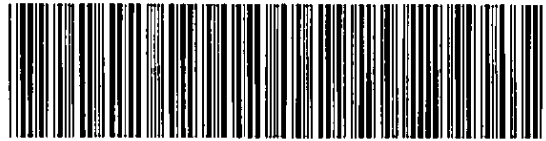
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/17/20 09:11:30

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AUG 10 2020

COVER LETTER

TO: Registration Section
Division of Corporations

Law Offices of Andre G. Raikhelson, LLC.
SUBJECT: _____

Name of Florida Limited Liability Company

The enclosed Articles of Conversion and fee(s) are submitted to convert a Florida Limited Liability Company into an "Other Business Entity" in accordance with s.605.1045, F.S.

Please return all correspondence concerning this matter to:
Andre G. Raikhelson, Esq.

Contact Person
Law Offices of Andre G. Raikhelson, LLC.

Firm/Company
301 Yamato Road, Suite 1240

Address
Boca Raton, Florida 33431

City, State and Zip Code

arlaw@raikhelsonlaw.com

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

For further information concerning this matter, please call:

Andre G. Raikhelson, Esq.

954

895-5566

at ()

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee
and Certificate of
Status

☐ \$55.00 Filing Fee
and Certified Copy

☐ \$60.00 Filing Fee,
Certified Copy, and
Certificate of Status

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2020

KATRINA SWAIN
6847 LANFORD ST.
JACKSONVILLE, FL 32219

In order to make a change to your corporate name you would have to fill out an amendment form to do so. Enclosed is the proper form, Please fill out and return with a check or money order for processing.

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) 245-6052.

KYLE D BRUMBLEY
Regulatory Specialist II

Letter Number: 920A00014159

RECEIVED
2020 AUG 12 PM 12:50
DIVISION OF CORPORATIONS
OFFICE OF THE SECRETARY

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Season With Love 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:

Katrina Swain
Name of Person

Catering
Firm/Company

6847 Langford Street
Address

Jacksonville, Florida 32219
City/State and Zip Code

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

For further information concerning this matter, please call:

Katrina Swain at (904) 554-8044
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**

Season with Love, LLC

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

2020 11:30

The Articles of Organization for this Limited Liability Company were filed on 6-11-2020 and assigned
Florida document number L20000151655.

This amendment is submitted to amend the following:

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

Seasoned with Love LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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

[illegible]

[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.

Katrina Swann
Signature of a member or authorized representative of a member

Katrina Swain
Typed or printed name of signee