

L20-000213223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

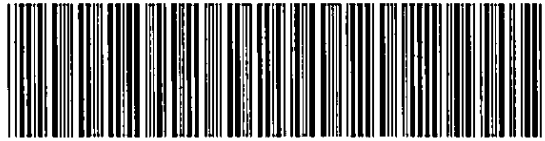
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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10/16/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sandra's Flavors of Home 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:

Lassandra Bailey  
Name of Person

Sandra's Flavors OF Home LLC  
Firm/Company

7910 SW 8<sup>th</sup> Court Apt B  
Address

North Lauderdale 33068  
City/State and Zip Code

Sandra.bailey28@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lassandra Bailey at (954) 638-5450  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Jandra's Flavors of Home LLC

(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 July 21, 2020 and assigned Florida document number L0000213223.

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)**

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

**(Mailing address MAY BE A POST OFFICE BOX)**

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TALLAHASSEE, FL

**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:

Lassandra Bailey

New Registered Office Address:

7910 SW 8<sup>th</sup> Court APT #B

Enter Florida street address

North Lauderdale, Florida 33068

City

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**

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>
RA	Brian Johnson	7910 SW 8 <sup>th</sup> Court + Apt B	<input type="checkbox"/> Add
		North Lauderdale 33068	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
RA	Lassandra Bailey	7910 SW 8 <sup>th</sup> Court + Apt B	<input checked="" type="checkbox"/> Add
		North Lauderdale 33068	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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CLERK OF COURT  
ALDAMHASSER, FD  
Change  
Remove  
Add

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DEERLY LIFE STATE  
MILLANASSEE, FL

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TOLSON DE STATE  
MILLANASSEE, FL

**SECRET**

9/27/2020

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 09/27, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee