

L20 000244700

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

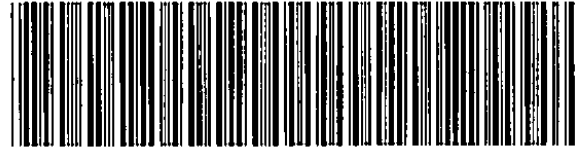
(Business Entity Name)

(Document Number)

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2023 NOV 13 PM 3:09
SECRETARY OF STATE
TALLAHASSEE, FL

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DEC 17 2020

**TO: Registration Section
Division of Corporations**

SUBJECT: Cheese On My Beans, 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:

Sheri Bollon

Name of Person

Cheese On My Beans, LLC

Firm/Company

1311 SE 12th St

Address

Deerfield Beach, FL 33441

City/State and Zip Code

Sheri@cheeseonmybeans.com

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

For further information concerning this matter, please call:

Sheri Bollon

954

540-3203

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

TO
ARTICLES OF ORGANIZATION
OF

2023 NOV 13 PM 3: 09

Cheese On My Beans, LLC

(Name of the Limited Liability Company as it now appears on our records.) OF STATE
(A Florida Limited Liability Company) ALLAHOE, FL

The Articles of Organization for this Limited Liability Company were filed on 08/20/20 and assigned
Florida document number L20000244700.

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."

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 agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida street address

_____, Florida _____
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 all 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

FILED

<u>Title</u>	<u>Name</u>	<u>Address</u>	2023 NOV 13 PM 3:09	<u>Type of</u>
AMBR	Sheri Bollon	1311 SE 12th St Deerfield Beach, FL 33441	DEPARTMENT OF STATE	<input type="checkbox"/> Add
		TALLAHASSEE, FL		<input type="checkbox"/> Remove
		previously listed as MGR, change to AMBR		<input checked="" type="checkbox"/> Char
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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DEPARTMENT OF STATE
TALLAHASSEE, FL

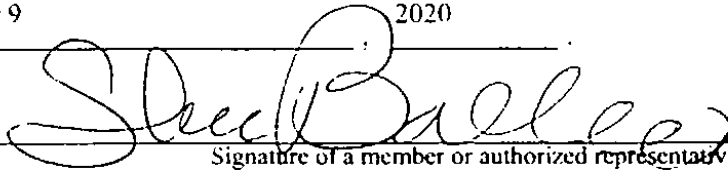
E. Effective date, if other than the date of filing: _____ (optional)

(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

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.

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 record is filed.

Dated November 9, 2020



Signature of a member or authorized representative of a member

Sheri Bollon

Typed or printed name of signee