

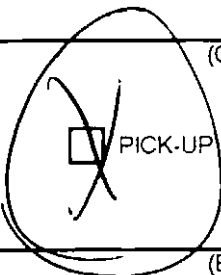
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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)



PICK-UP WAIT MAIL

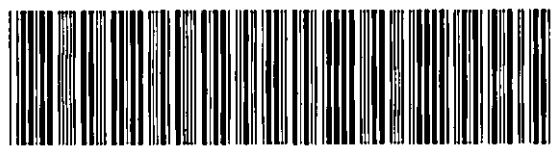
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/26/20--01008--012 **55.00

RECORDED
2020 OCT 26 PM 1:39

FILED
2020 OCT 26 AM 8:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. SULKEP
OCT 27 2020

To: Florida Department of State
From: Julie Fleishman
Subject: Amendatory Name Change to Stay Cheese Tally, LLC
Date: October 26, 2020

To whom it may concern,

The following amendment is to revise the name of Stay Cheese Tally, LLC to Say Cheese Tally, LLC. Enclosed is a check for \$55.00 for the filing fee plus a certified copy.

Julie Fleishman can be reached by phone at 561-901-0804. Brittany Barnhart, additional registered agent, can be reached by phone at 561-324-9996. We can both be reached by email at saycheesetally@gmail.com.

The return address is 419 N Gadsden St., Apt 216 Tallahassee, FL 32301.

Best Regards,

Julie Fleishman

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Stay Cheese Tally, 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:

Julie Fleishman

Name of Person

Stay Cheese Tally, LLC

Firm/Company

419 N Gadsden St, Apt 216

Address

Tallahassee, FL 32301

City/State and Zip Code

saycheesetally@gmail.com

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

For further information concerning this matter, please call:

Julie Fleishman

561

901-0804

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Stay Cheese Tally 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 October 12, 2020 and assigned Florida document number 1.20000321632

This amendment is submitted to amend the following:

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

Say Cheese Tally 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
_____, Florida
City

FILED
2020 OCT 25 AM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

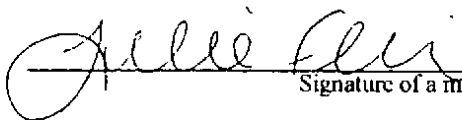
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.0207 (3)(b)

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 the record is filed.

Dated October 26, 2020



Signature of a member or authorized representative of a member

Julie Fleishman

Typed or printed name of signee