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(Requestor's Name) (Address) (Address)	100358078401		
(City/State/Zip/Phone #)			
	01/20/2101005003 **30.00		
(Business Entity Name)			
(Document Number)			
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TO:	Registration Section

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Division of Corporations

Muffhens Bakery, LLC

SUBJECT: _____

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Name of Limited Liability Company

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The enclosed Articles of Amendment and fee(s) are submitted for filing.

the fallant's Please

Please return all correspon	ndence concerning this matter t	o the following:		
	Quashana Henry			
		Name of Person	<u>_</u>	
	Muffhens Bakery, LLC			
		Firm/Company		
	1624 Dogwood Flower La	ne #202		
		Address		
	Ruskin, Florida 33573			
	Muffhensbakery@gmail.co	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)			
For further information c	oncerning this matter, please ca	all:		
Quashana Henry		786 367-8405		
Name o	f Person	at () Area Code Daytime	Telephone Number	
Enclosed is a check for the	he following amount:			
□ \$25.00 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 Addre		Street Address: Registration Sec	tion	
Registration Section		Registration Sec	1000 	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION OF ŗ

Muffhens Bakery, LLC	
(<u>Name of the Limited Liability Company as it now appear</u> (A Florida Limited Liability Company)	<u>s on our records.)</u>
The Articles of Organization for this Limited Liability Company were filed on $\frac{10^{2}}{1.20000336892}$ Florida document number $\frac{1.20000336892}{1.20000336892}$	23/2020 and assigned
This amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limited liability company he</u> The new name must be distinguishable and contain the words "Limited Liability Company," the de	
Enter new principal offices address, if applicable:	~
(Principal office address MUST BE A STREET ADDRESS)	17
	 G
Enter new mailing address, if applicable:	P
(Mailing address MAY BE A POST OFFICE BOX)	ب

B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ada	Iress
	 Cin [,]	Florida

New Registered Agent's Signature, if changing Registered Agent:

¹ 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 ccept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.



MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
AMBR	Quashana Henry	1624 DOGWOOD FLOWER LANE 202	⊐Add
		Ruskin, FL 33573	
		,,,,,,, _	ZChange
AMBR	Paul Henry	1624 DOGWOOD FLOWER LANE 202	<u>_</u> - <u>_</u> - <u>_</u> - <u>_</u> - <u>_</u> - <u>_</u> - <u>_</u>
		Ruskin, FL 33573	🗆 Add
		KUSKII, FL 33.975	🗆 Remove
			IZChange
			🖸 Add
			🗆 Remove
			□Change
			🖸 Add
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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) <u>Note:</u> 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.

Ja	muary 13th	2021
Dated		
		H
	·	Signature of a member or authorized representative of a member
	Quashana Henry	
	**	

Typed or printed name of signee