

L21 000 000 382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

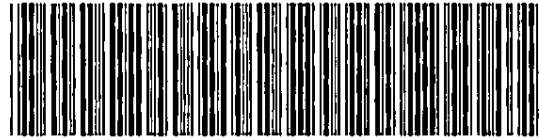
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400357907874

01/15/21--01013--003 **25.00

FILED
2021 JAN 15 AM 11:27

2/22/21
SA



BOHMAN | MORSE
bespoke representation

400 POYDRAS STREET, SUITE 2050, NEW ORLEANS, LA 70130

ASHLEY C FOWLKES
PHONE: (504) 930-4089
FAX: (888) 217-2744
ASHLEY@BOHMANMORSE.COM

January 12, 2021

VIA USPS
Florida Department of State
Attn: Division of Corporations
PO Box 6327
Tallahassee, FL 32316

Re: Grit Fit Meals, LLC
Application to Amend Articles of Organization
FL Document No.: L21000000382

To Whom It May Concern:

Enclosed is our Application along with the required filing fee. If any further information or documentation is needed, please do not hesitate to contact me.

Sincerely,

ASHLEY C. FOWLKES
LEGAL ASSISTANT

/acf

Enclosures: 1. Application & Filing Fee

cc: none

Our File #4027-002

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grit Fit Meals, 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:

Harry Morse

Name of Person

Firm/Company

400 Poydras Suite 2050

Address

New Orleans, LA 70130

City/State and Zip Code

harry@bohmannmorse.com

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

For further information concerning this matter, please call:

Harry Morse

504 435-0287
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**

Grit Fit Meals, 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 12/21/2020 and assigned
Florida document number L21000000382.

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)

2021 JAN 15 AM 11:27
FILED

Enter new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

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

Zip Code

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 understand 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

Person(s) authorized to manage, enter the title, name, and address of each person being added
removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Raymond Sherwood	4776 DURHAM ROAD	<input checked="" type="checkbox"/> Add
		GUILFORD, CT 06437	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Raymond Sherwoo	4776 DURHAM ROAD	<input type="checkbox"/> Add
		GUILFORD, CT 06437	<input checked="" 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
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 JAN 15 AM 11:27

FILED
2021 JAN 15 AM 11:27

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.

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 is filed.

sd 6/2/2021

Signature of a member or authorized representative of a member

HARRY MORE

Typed or printed name of signee