

L21000005436

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

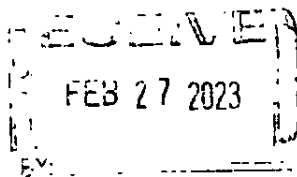
MAIL

(Business Entity Name)

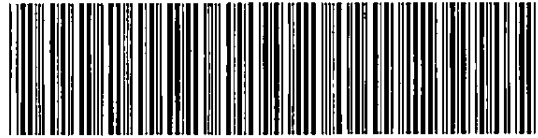
(Document Number)

Certified Copies _____ Certificates of Status _____

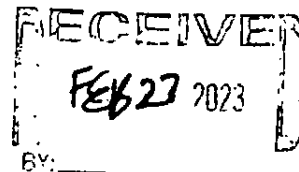
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2023 FEB 27 PM 12:40

~~RECEIVED~~

R. HUNT

02/27/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Teddy Bear Affairs

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:

Cheryl Baker

Name of Person

Teddy Bear Affairs

Firm/Company

1299 SW Greens Pointe Way

Address

Palm City FL 34990

City/State and Zip Code

Teddybearaffairs@gmail.com

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

For further information concerning this matter, please call:

Cheryl Baker

682

209-2545

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

2023 Feb 27 PM 12:40

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

Teddy Bear Affairs

(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 01/01/2021 and assigned
Florida document number L21000005436.

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)

1299 SW Greens Pointe Way

Palm City FL 34990

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1299 SW Greens Pointe Way

Palm City FL 34990

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:

Cheryl Baker

(Name change-formerly Cheryl Bragg)

New Registered Office Address:

1299 SW Greens Pointe Way

Enter Florida street address

Palm City

Florida 34990

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

Name Changed

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>
MGR	Cheryl Bragg		<input type="checkbox"/> Add
		249 SE Tressler Dr Stuart FL 34994	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cheryl Baker	1299 SW Greens Pointe Way, Palm City FL 34990	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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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.)*

I, Cheryl Bragg, was divorced in 2022. I have taken back my maiden name and the form is being completed to change my NAME and ADDRESS. NEW NAME AS AGENT AND MGR SHOULD READ: CHERYL BAKER

2023 FEB 27 PM 12:40

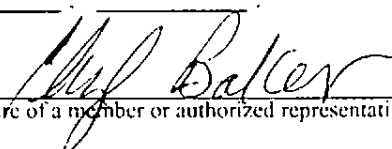
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 FEBRUARY 23RD 2023


Signature of a member or authorized representative of a member

CHERYL BAKER

Typed or printed name of signer