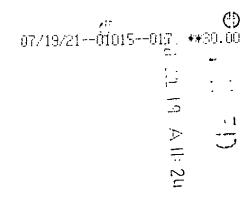
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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	ŀ
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

		oorations				
SUBJECT:	MA'S M	1AKING MEMORIES LLC				
		Name of Limi	ited Liability Company			
The enclosed Arti	cles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all c	orrespoi	ndence concerning this matter	to the following:			
		MEGAN VARANAY				
			Name of Person		·	
		MAMA'S MAKING MEM	IORIES LLC			
			Firm/Company			
		13401 BATTEN LN				
			Address			
		ODESSA, FL 33556				
			City/State and Zip C	ode		
		mamasmakingmemorieslle(1
For further inform	nation co	n-mail address: (oncerning this matter, please of	to be used for future an	пиат героті понью	cation)	
MEGAN VARAI			727	460-5676		. 19 A II: 2u
Name of Person		at (Area Code	Daytime	Telephone Number		
						77
Enclosed is a chec	ck for th	e following amount:				
☐ \$25.00 Fiting	Fee	■ \$30,00 Filing Fee & Certificate of Status	S55.00 Filing Certified Cop	y	Certified C	of Status &
<u>Mailing</u>	Address	<u>s:</u>	Stree	et Address:		
Registr	ation S	Section	Reg	istration Sectision of Corp		
P.O. Bo		orporations 7		Centre of Ta		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAMA'S MAKING MEMORIES LLC			
(Name of the Limited Liability Company a (A Florida Limited Liabi	s it now appears on our records.) lity Company)		
The Articles of Organization for this Limited Liability Company were Florida document number $\frac{1.21000263265}{1.000263265}$.	re filed on JUNE 07, 2021	and ass	igned
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 a	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)	· **		<u>(1)</u>
_			
B. If amending the registered agent and/or registered office add	ress on our records, <u>enter the nar</u>	ne of the nev	<u>register</u>
agent and/or the new registered office address here:		<u>ر</u>	-,
		∌	
Name of New Registered Agent:			
New Registered Office Address:		24	
	Enter Florida street address		
	, Florida		
	Ciry	Zin 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

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>	Address	Type of Action
AMBR	DUSTIN LANGEHENNIG	13389 BATTEN LN	□Add
		ODESSA, FL 33556	■Remove
			□Change
			□Add
			Remove
			□Change
			□ Add
			☐Remove
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			2 □Change
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			Remove
			Change
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Filing Fee: \$25.00