L21000450245

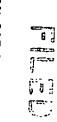
(Requestor's Name)
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PICK-UP WAIT MAIL
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Certified Copies Certificates of Status
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Special Instructions to Filing Officer.
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11/1/15

Office Use Only



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SECRETOR AND SECRETOR SECRETOR



COVER LETTER

Division	tion Section of Corporations	₹ ,			
SUBJECT:	MAMA ELSIE HAND	CRAFTED ORGANICS	s LLC		
	Name of Lin	nited Liability Company			
The enclosed Artic	cles of Amendment and fee(s) are sub	omitted for filing.			
	orrespondence concerning this matter				
	ELSIE M.	VIDELLA.			
	EBIE MI.	Name of Person			
	 	Firm/Company			
	2849 ADE	ELAIDE COURT			
		Address			
	ORLANDO,	FL 32824 City/State and Zip Code			
		02766MAIL.COM	fication)		
For further inform	ation concerning this matter, please c	eall:			
<u>ELSIE</u>	M. VIRELLA Name of Person	at (386) <u>801-3</u> Area Code Daytim	e Telephone Number		
Enclosed is a chec	k for the following amount:				
₹\$25.00 Filing	Fee S30.00 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 A		Street Address: Registration Society	etion		
-	ation Section n of Corporations	Registration Section Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MAMA ELSIE HANDE	
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Jability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000450245</u> .	were filed on $\frac{10/15/2021}{}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
MAMA ELSIE PRODUK	
The new name must be distinguishable and contain the words "Limited Liabil	ity 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 a agent and/or the new registered office address here:	address on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	Florida
	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

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
			□Add
			□ Remove
			
			□Remove
			Change
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record spis spired.	pecifies a delayed ef	fective date, but	t not an effecti	ve time, at 12:0)Ta.m. on the ea	rlier of: (b) Th	e 90th day after tl	he
	October	15	202	4.				
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Typed or printed name of signee