

121000507060

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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A. BUTLER

FEB 15 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Home town Nutrition, 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:

Kristen m Shorter

Name of Person

Firm/Company

3283 SW 18<sup>th</sup> Street

Address

Oklaechubee, FL. 34974

City/State and Zip Code

Kristenshorter@gmail.com

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

For further information concerning this matter, please call:

Kristen m. Shorter

Name of Person

at

(863)

Area Code

623-8937

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**

Hometown Nutrition 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 11/30/2021 and assigned  
Florida document number L21000507060.

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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:

Kristen m. Shorter

New Registered Office Address:

3283 SW 18th Street

*Enter Florida street address*

Okeechobee

*City*

Florida

34974

*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.*

Kristen Shorter

**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>	<u>Address</u>	<u>Type of Action</u>
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<u>MGR</u>	<u>Kristen m. Shorter</u>	<u>3283 SW 18<sup>th</sup> Street</u>	<input checked="" type="checkbox"/> Add
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		<u>OKeechobee, FL 34974</u>	<input type="checkbox"/> Remove
--	--	-----------------------------	---------------------------------

			<input type="checkbox"/> Change
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<u>AMBR</u>	<u>Kristen<sup>m</sup> Shorter</u>	<u>3283 SW 18<sup>th</sup> Street</u>	<input checked="" type="checkbox"/> Add
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		<u>OKeechobee, FL 34974</u>	<input type="checkbox"/> Remove
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(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)

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.

Kristen Shuster  
Signature of a member or authorized representative of a member

Kristen Shorter  
Typed or printed name of signee



RECEIVED

2022 JAN 28 AM 8:55

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FL

January 19, 2022

KRISTEN M SHORTER  
3283 SW 18TH STREET  
OKEECHOBEE, FL 34974

SUBJECT: HOMETOWN NUTRITION, LLC  
Ref. Number: L21000507060

We have received your document for HOMETOWN NUTRITION, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler  
Regulatory Specialist II

Letter Number: 222A00001379