

L22000037174

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(City/State/Zip/Phone #)

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03/02/23--01019--011 **60.00

FILED
MAR 2 2023
CLERK OF STATE
TALLAHASSEE, FL

~~RECEIVED~~

R. HUNT

03/02/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Healthy Temple 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:

Rayme Bachman
Name of Person

The Healthy Temple LLC
Firm/Company

6220 Barton Rd
Address

Plant City, FL 33565
City/State and Zip Code

rayme0793@gmail.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FL
MAY 06 2007
7:27 PM 3:29

For further information concerning this matter, please call:

Rayme Bachman at (813) 777-1594
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**

The Healthy Temple 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 January 04, 2022 and assigned Florida document number L22000037174.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Rayme Bachman LLC

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)

N/A

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JAN 04 2022
PM 3:29
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TALLAHASSEE, FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

New Registered Office Address:

N/A

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

2023-11-2 PM 3:29
TAX OF STATE
TALLAHASSEE, FL

2023-07-2 PM 3:29
FLORIDA DEPT. OF STATE
TALLAHASSEE, FL

(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)

Dated _____, _____

Barmer Bach
Signature of a member or authorized representative of a member

Rayme Bachman
Typed or printed name of signer