## K22000046435

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T. MATTHEWS
MAR - 2 2022

## **COVER LETTER**

		ation Sec n of Corp	orations <sub>,</sub>	<b>€</b>	•		
		ree Forks	Take N' Bake LLC				
SUBJEC	, I:	Name of Limited Liability Company					
The encl	osed Ar	ticles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please re	turn all	correspo	ndence concerning this matter	to the following:			
			Shannon R Goudy				
				Name of Person			
				Firm/Company			
			1405-A Piney Grove Road				
				Address			
			Chipley, FL 32428				
				City/State and Zip Code			
			sizzorchick@live.com  E-mail address: ()	to be used for future annual report noti	fication)		
For furth	her infor	mation co	oncerning this matter, please ca	all:			
Shannor	n Goudy	,		850 326-1503			
		Name of	Person	at () Area Code Daytim	e Telephone Number		
Enclosed	d is a ch	eck for th	e following amount:				
□ <b>\$</b> 25	.00 Filir	ng 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)		
		g Addres		Street Address:			
		tration S	Section orporations	Registration Se Division of Cor			
		30x 632		The Centre of Tallahassee			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION 22 FE 1 22 PH 12: 04 OF

Three Forks Take N' Bake LLC		
(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	
he Articles of Organization for this Limited Liability Company lorida document number L22000046435	were filed on January 26, 2022	and assigned
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	oility company here:	
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<del></del>
Principal office address MUST BE A STREET ADDRESS)	<del></del>	
Inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, enter the i	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	D (7)	
	Enter Florida street address	
	, Florida	ı
	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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> being added <u>or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Shannon R Goudy	1405-A Piney Grove Road	<b>=</b> Add
		Chipley, Fl.	□Remove
		32428	
MGR	Shannon R Goudy	1405-A Piney Grove Road	=
		Chipley, FL	<b>5</b> 0
		32428	_
			□Add
			Remove
			☐ Change
			□Add
			□Remove
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Effective date, if other than the fan effective date is listed, the date man Note: If the date inserted in this bedocument's effective date on the listed.	block does not me	et the appli	cable statutory	gor more than 90 filing requiren	(optional) days after filing.) hents, this date w	Pursuant to 605.0207 ( fill not be listed as t
e record specifies a delayed effect d is filed.	ive date, but not a	n effective	time, at 12:01	a.m. on the earl	ier of: (b) The	90th day after the
Dated February 17		2022				
	<del></del> '	-	<del></del> ·			