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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 SEP 19 AM 7:27  
MICHIGAN

A. BUTLER

DEC 14 2022

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** BOSS LADY Soulfood 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:

JAMIE A DANIELS.  
Name of Person

\_\_\_\_\_  
Firm/Company

1817 NW 90th St  
Address

MIAMI FL 33147  
City/State and Zip Code

JoanJoan14840@gmail.com  
E-mail address: (to be used for future annual-report notification)

For further information concerning this matter, please call:

JAMIE A DANIELS at ( 561 ) 547 3761  
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**

BOSSLADY SouthFood LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
2022 SEP 19 AM 7:27  
STATE

The Articles of Organization for this Limited Liability Company were filed on 6/6/2022 and assigned Florida document number L22000256765

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:

\_\_\_\_\_

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**

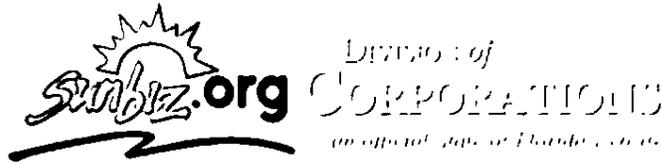
If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JAMIE A DANIELS	1817 NW 90 <sup>th</sup> ST MIAMI FL 33147	<input checked="" type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Change





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## Detail by Entity Name

Florida Limited Liability Company  
BOSS LADY SOUL FOOD LLC

### Filing Information

<b>Document Number</b>	L22000256765
<b>FEI/EIN Number</b>	NONE
<b>Date Filed</b>	06/06/2022
<b>Effective Date</b>	06/04/2022
<b>State</b>	FL
<b>Status</b>	ACTIVE

### Principal Address

1817 NW 90 ST  
MIAMI, FL 33147

### Mailing Address

1817 NW 90 ST  
MIAMI, FL 33147

### Registered Agent Name & Address

DANIELS, JAMIE A  
1817 NW 90 ST  
MIAMI, FL 33147

### Authorized Person(s) Detail

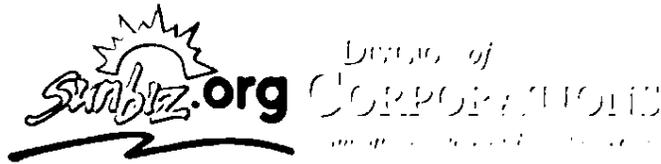
NONE

### Annual Reports

**No Annual Reports Filed**

### Document Images

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1817 NW 90 ST  
MIAMI, FL 33147

### Authorized Person(s) Detail

NONE

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**No Annual Reports Filed**

### Document Images

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