L22000 Z78 087

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	rporations		
SUBJECT: Serving Hu	imanity Produce LLC		
Jobotett.	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
		_	
Please return all correspo	ondence concerning this matter	to the following:	
	Kafil Tunsill		
		Name of Person	
	Serving Humanity Produc	e LLC	
		Firm/Company	
	11416 Lumberjack Circle	East	
		Address	
	Jacksonville, FL 32223		
		City/State and Zip Code	
	Servinghumanity89@gmai		
		to be used for future annual report notific	ration)
For further information c	oncerning this matter, please c	all:	
Kafil Tunsill		at (904) 717-3187 Area Code Daytime 7	_
Name o	f Person	Area Code Daytime T	Felephone Number
	6.11		
Enclosed is a check for th	ie following amount:		
□ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Station Address		Sa	
Mailing Addres Registration S		Street Address: Registration Secti	ion
Division of C		Division of Corpo	
P.O. Box 632	7	The Centre of Tal	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Com	apany as it now appears on our records.)	
(A Florida Limite	pany as it now appears on our records.) d Liability Company)	
The Articles of Organization for this Limited Liability Compa	ny were filed on June 20, 2022	and assigned
lorida document number L22000278087		
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited lin	ability company here:	
he new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation "LLC" or	he 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)		
Matting duaress SIAT BE A FOST OFFICE BOAT		
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	e address on our records, enter the	name of the new registe
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	1
	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>	Name	Address	Type of Action
<u>COO</u>	Altha Vernel Outlaw	7336 Bloxham Avenue, Jacksonville, FL 32208	= Add
			🗀 Remove
			Change
			□Add
			□Remove
			□Change
			🗆 Add
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ffective	date, if other	than the date	of filing: Jan	uary 20, 2024	g: 4 0	(optional) 0 days after filing.) P	,
ote: If t	the date inserte	the date must be sp d in this block d e on the Departi	oes not meet th	e applicable statu	tory filing require	o days after filing.) P ments, this date wi	II not be listed as
record sp is filed.		ed effective date	e, but not an eff	ective time, at 12	:01 a.m. on the ea	rlier of: (b) The S	Oth day after the
ated Jar	nuary 20	1/	, 202	4	7		
		// /	/ ./ [/ /:	101111		

Typed or printed name of signee