

L23000023317

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

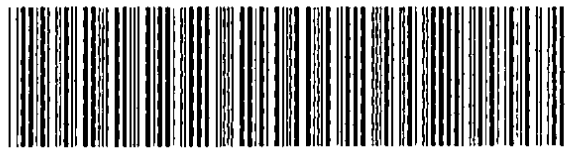
(Business Entity Name)

(Document Number)

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07/31/23--01026--005 **25.00

2023 SEP 12 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

THE ARTISAN SHOPPE, LLC

SUBJECT: _____
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

REBECCA E WILLIAMS CPA

(Contact Person)

THE ARTISAN SHOPPE, LLC

(Firm/Company)

120 CITRUS AVENUE

(Address)

KEYSTONE HEIGHTS, FL 32656

(City/State and Zip Code)

For further information concerning this matter, please call:

BRANDY L. RICHARDSON

352

562-5589

(Name of Contact Person) at (_____) _____
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2023

REBECCA E WILLIAMS CPA
THE ARTISAN SHOPPE, LLC
120 CITRUS AVENUE
KEYSTONE HEIGHTS, FL 32656

SUBJECT: THE ARTISAN SHOPPE, LLC
Ref. Number: L23000023317

We have received your document for THE ARTISAN SHOPPE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list the registered agent name as it appears on our records.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of 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.

Valerie Herring
Regulatory Specialist III
Internet Support

Letter Number: 423A00019390

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

THE ARTISAN SHOPPE, FL

(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 1-11-2023 and assigned
Florida document number 1.23000023317.

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)

THE ARTISAN SHOPPE, LLC

7423 SR 21, SUITE B

KEYSTONE HEIGHTS, FL 32656

BRANDY RICHARDSON

7557 ALAMEDA WAY

KEYSTONE HEIGHTS, FL 32656

FILED
2023 SEP 12 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FL 32310

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:

REBECCA E WILLIAMS CPA

New Registered Office Address:

120 CITRUS AVENUE

Enter Florida street address

KEYSTONE HEIGHTS

City

Florida

Zip Code

Brandy L. Richardson

7557 Alameda

Keystone Heights

32656

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> |
|--------------|-------------------|--|--|
| | BETSY ROSANDER | | <input type="checkbox"/> Add |
| | | 1326 Chatauqua Way, Keystone Heights, FL 32656 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | BRANDY RICHARDSON | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 7557 Alameda Way, Keystone Heights FL 32656 | <input checked="" type="checkbox"/> Change |
| MGR | DARLENE GODWIN | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 7074 SW 107th Way, Hampton FL 32044 | <input checked="" type="checkbox"/> Change |
| MGR | LISA THWING | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | 6763 SE CR 21B, Keystone Heights FL 32656 | <input checked="" type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
| | | | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

REMOVE BETSY ROSANDER : NO LONGER MGR WITH THE ARTISAN SHOPPE, LLC

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED

07/22/2023

E. Effective date, if other than the date of filing: _____ **(optional)**

(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)

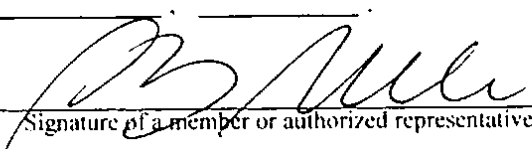
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

JULY 22

2023

Dated _____


Signature of a member or authorized representative of a member

Brandy L Richardson
Typed or printed name of signee