

L23000041405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

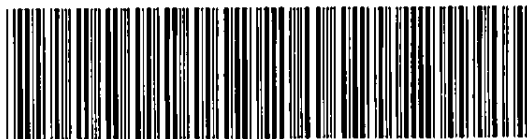
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2023 MAR 13 PM 3:32
TALLAHASSEE, FL
SUN. STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Storybook Play Cafe 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:

Andrea Trenchfield

Name of Person

Storybook Play Cafe LLC

Firm/Company

*(mailing address only) 21218 Saint Andrews Blvd # 202

Address

Boca Raton, Florida, 33433

City/State and Zip Code

andrea@storybookplaycafe.com

E-mail address: (to be used for future annual report notification)

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SEDO - DIV OF STATE
TALLAHASSEE, FL

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For further information concerning this matter, please call:

Andrea Trenchfield

561
at ()

251-8833

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**

Storybook Play Cafe LLC

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

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2023 MAR 13 PM 3:32
STATE OF FLORIDA
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 1/23/23 and assigned

Florida document number L23000041405

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:

23257 State Road 7

(Principal office address MUST BE A STREET ADDRESS)

Suite # 103

Boca Raton, Florida, 33428

Enter new mailing address, if applicable:

21218 Saint Andrews Blvd

(Mailing address MAY BE A POST OFFICE BOX)

202

Boca Raton, Florida, 33433

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:

Andrea Trenchfield

New Registered Office Address:

23257 State Road 7

Enter Florida street address

Boca Raton

Florida

33428

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>
CEO	Andrea Trenchfield	21218 Saint Andrews Blvd.	<input type="checkbox"/> Add
		# 202	<input checked="" type="checkbox"/> Remove
		Boca Raton, Florida , 33433	<input type="checkbox"/> Change
AMBR	Andrea Trenchfield	23257 State Road 7	<input checked="" type="checkbox"/> Add
		Suite 103	<input type="checkbox"/> Remove
		Boca Raton, Florida, 33428	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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CLERK OF DISTRICT COURT
ALACHUA COUNTY, FL

[illegible]

(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)

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.

3/7/23

Signature of a member or authorized representative

Andrea Trenchfield

2023 MAR 13 PM 3:32
SEC 116 FL OFF STATE
TALLAHASSEE, FL

7-11-68