L23000043039

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COVER LETTER

	on Section f Corporations			
	o Lactation, LLC			
SUBJECT:	Name of Lit	mited Liability Company		
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.		
Please return all cor	respondence concerning this matte	er to the following:		
	Ashlee Morgan			_
		Name of Person		•
	Tupelo Lactation, LLC			
		Firm/Company		<u></u>
	1508 Heechee Nene			
		Address	***	- <u>ن</u> ــَا
	Tallahassee, FL 32301			273 ETT - 2
		City/State and Zip Code		_
	ashlee@tupelolactation.co			
For further informat	E-mail address: tion concerning this matter, please	(to be used for future annual report notificall:	cation)	14 8 2 E
Ashlee Morgan		850 509-6008 at ()		
N	ame of Person		Telephone Numbe	г
Enclosed is a check	for the following amount:			
■ \$25.00 Filing F	ee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ate of Status &
<u>Mailing Ac</u> Registrat	ddress: ion Section	Street Address: Registration Sec	tion	
_	of Corporations	Division of Corp	oorations	
P.O. Box		The Centre of Ta 2415 N. Monroe		210
i ananass	see, FL 32314	2413 N. MOINOC	. Street, Suite (210

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Tupelo Lactation, LLC		
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our reco Liability Company)	<u>ords.</u>)
The Articles of Organization for this Limited Liability Compar	ny were filed on 1/23/23	and assigned
Florida document number L23000043039		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ability company here:	
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
		 I∕>
Enter new mailing address, if applicable:		7
(Mailing address MAY BE A POST OFFICE BOX)		2
(Mulling undress MAT BE AT OST OFFICE MOA)		rn 9
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	e address on our records, ent	er the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
· · · · · · · · · · · · · · · · · · ·	Enter Florida street add	ress
		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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Ashlee Morgan	1508 Hecchee Nene	
		Tallahassee, FL 32301	□Remove
			□Change
			□Add
			□Remove
			☐ Change
		<u></u>	N∆dd
			Remove
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ective date, if other than t	ho data of filing:		((ontional)
effective date is listed, the date i	must be specific and cannot block does not meet the	ot be prior to date of fi ne applicable statut	lling or more than 90 days	after filing.) Pursuant to 605.020 is, this date will not be listed as
ecord specifies a delayed effects filed.	tive date, but not an ef	fective time, at 12:	01 a.m. on the earlier c	of: (b) The 90th day after the
ed	202	23		29
	·-	·		7001E87-2
	/W/	\supset	contains of a mumber	
	Signature of a membe	er or augmorized repre	sentative of a member	
Ashlee Morgan				

Typed or printed name of signee