L23000249023

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COVER LETTER

TO:	Registration Se Division of Cor			
entric		Cafe And Bakery LLC		
SUBJE	CI:	Name of Lim	ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ondence concerning this matter	to the following:	
		Evelyn Castaing		
	Name of Person			
		Redmoon Cafe and Bakery	LLC	
Firm/Company				
			Address	
	325 S Highland Street Mount Dora, Fl 34769			
			City/State and Zip Code	· ·
		em4tulip@msn.com		
		E-mail address: (to be used for future annual report notification)	
For furt	her information o	concerning this matter, please o	all:	Z
Evelyn	Castaing		689 200-8929 at ()	<u>.</u> ان
	Name o	f Person	Area Code Daytime Telephone Number	
Enclose	d is a check for t	he following amount:		
■ \$2 5	i.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & ☐ \$60,00 Filing Certified Copy (additional copy is enclosed)	f Status & Py
	Mailing Address		Street Address:	
Registration Section Division of Corporations			Registration Section Division of Corporations	
	P.O. Box 632	27	The Centre of Tallahassee	
	Tallahassee,	FL 32314	2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Redmoon Cafe and Bakery LLC		
(Name of the Lim	ited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
the Articles of Organization for this Limited I	Liability Company were filed on 05/	22/2023 and assigned
lorida document number L23000249023	·	
his amendment is submitted to amend the fol	lowing:	
If amending name, enter the new name	of the limited liability company he	ere:
he new name must be distinguishable and contain the	words "Limited Liability Company," the d	esignation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if appli	cable:	<u> </u>
Principal office address MUST BE A STRE.	ET ADDRESS)	
		ر
inter new mailing address, if applicable:		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
Mailing address MAY BE A POST OFFICE		
3. If amending the registered agent and/or gent and/or the new registered office addre		ecords, enter the name of the new regist
Name of New Registered Agent:	Evelyn Castaing	
New Registered Office Address:	523 Robinson Avenue	
	Enter Flor	ida street address
	St Cloud	Florida 34769
	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
			
		.	
			□Change
			□ Add
			□Remove
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			Remove
			□ Change
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			Remove
			□Change

Effective date, if other than the date of filing: 1.				
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Filing Fee: \$25.00