

L23 000 277 485

(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:

Office Use Only



400408655254

05/14/2014 01:00:00 400408655254

2013 JUN 14 PM 8:53
SECRET
TALLAHASSEE, FLORIDA

RECEIVED
2013 JUN 14 AM 8:41
SECRET
TALLAHASSEE, FLORIDA

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

Callahan Nutrition LLC

(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 June 8, 2023 and assigned Florida document number L23000277489.

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)

2023 JUN 14 PM 4:53	SECRET

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:

Heather Griffis

New Registered Office Address:

450061 State Rd 200 #9

Enter Florida street address

Callahan

City

Florida

32011

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.

Heather Griffis
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>
AMBR	Richard Harrison	11175 NE CR 237	<input checked="" type="checkbox"/> Add
		Lake Butler, FL 32054	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tammy Harrison	11175 NE CR 237	<input checked="" type="checkbox"/> Add
		Lake Butler, FL 32054	<input type="checkbox"/> Remove
			<input 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2023 JUN 14 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FL
2023 JUN 14 AM 8 53

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.

Dated June 14, 2023

Heather Griffin
Signature of a member or authorized representative of a member

Heather Griffis
Typed or printed name of signer

Filing Fee: \$25.00