

L23000 277485

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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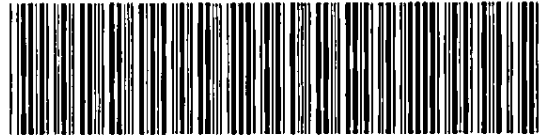
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL
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2024 JAN -3 AM 9:26
TALLAHASSEE, FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Callahan Nutrition 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:

Marie Todd
Name of Person

Callahan Nutrition LLC
Firm/Company

450061 State Road 200, Suite 9
Address

Callahan, FL 32011
City/State and Zip Code

Marie@marievinsonselljax.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marie Todd at (904) 507-2500
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE FL
SECRETARY OF STATE

**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 6/8/23 and assigned
Florida document number L23000277485.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FL

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:

Marie Todd

New Registered Office Address:

450061 State Road 200, Suite 9

Enter Florida street address

Callahan

Florida

32011

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.

Marie Todd

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>
<u>AR</u>	<u>Griffis, James C. Sr</u>	<u>833 NW 3rd St.</u>	<input type="checkbox"/> Add
		<u>Lake Butler, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32054</u>	<input type="checkbox"/> Change
<u>AR</u>	<u>Griffis, James C. Jr</u>	<u>703 NW 3rd St</u>	<input type="checkbox"/> Add
		<u>Lake Butler, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32054</u>	<input type="checkbox"/> Change
<u>AR</u>	<u>Griffis, Carissa G.</u>	<u>9240 137th Dr. Unit 27</u>	<input type="checkbox"/> Add
		<u>Live Oak, FL</u>	<input checked="" type="checkbox"/> Remove
		<u>32060</u>	<input type="checkbox"/> Change
AMBR	AMBR		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>AMBR</u>	<u>Kennedy, Lyndsey M.</u>	<u>1212 Cimmaron Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Orange Park, FL</u>	<input type="checkbox"/> Remove
		<u>32065</u>	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Kennedy, Alanna M.</u>	<u>1212 Cimmaron Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>Orange Park, FL</u>	<input type="checkbox"/> Remove
		<u>32065</u>	<input type="checkbox"/> Change

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(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.

Dated

1	3	24
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Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Heather Giffis

Typed or printed name of signee