

L23 000 353 928

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

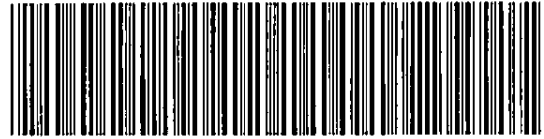
(Business Entity Name)

(Document Number)

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2024 FEB 28 PM 12:21
CLERK OF SUPERIOR COURT
ALABAMA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Little Lemon Company 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:

Madison Skipper
Name of Person

The Little Lemon Company
Firm/Company

787 Valley Ridge Way
Address

Pensacola, FL 32514
City/State and Zip Code

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

For further information concerning this matter, please call:

Madison Skipper at (425) 535-8976
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

The Little Lemon Company 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 July 26, 2023 and assigned Florida document number L23000353928.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The Longer Table & Co. LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "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)

787 Valley Ridge Way
Pensacola, FL 32514

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:

New Registered Office Address:

Enter Florida street address

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

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CLERK OF DISTRICT COURT
JACKSONVILLE, FL

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>MGR</u>	<u>Rebecca Cleary</u>	<u>4664 Crossing Ct.</u>	<input type="checkbox"/> Add
		<u>Apt. 202</u>	<input checked="" type="checkbox"/> Remove
		<u>Pace, FL 32571</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>Madison Skipper</u>	<u>787 Valley Ridge way</u>	<input checked="" type="checkbox"/> Add
		<u>Pensacola, FL 32514</u>	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>AMBR</u>	<u>Courtney Theodos</u>	<u>4380 Galt City Rd</u>	<input checked="" type="checkbox"/> Add
		<u>Milton, FL 32583</u>	<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

[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.

Madison Steves

Madison Skipper

Filing Fee: \$25.00