Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H240000083113)))



H240000083113ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062
Phone : (323)962-3600
Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MAMA MAE'S INSIGHT LLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$55.00

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Help

K. SALY JAN 1 0 2024

COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	MAMA MAE'S INSIGHT LLC	
SUBJECT: _	Name of Limited Liability Company	
71 1 - 1		
Please return a	all correspondence concerning this matter to the following:	
	Cheyenne Moseley	
	Name of Person	
	Legalzoom.com, Inc.	
	Firm/Company	
	101 N Brand Blvd 11th Fl	
	Address	iling Fee, ac of Status & I Copy
	Glendale, CA 91203	
	City/State and Zip Code shard86@hotmail.com	
For further info		
Cheyenne Mos	seley 800 773-0888 at()	
	Name of Person Area Code Daytime Telephone Number	٠.
Enclosed is a ci	heck for the following amount:	
□ \$25.00 Filin	Certificate of Status Certified Copy Certificate of Statu (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	MAMA MAE'S INSIGHT LLC Name of Limited Liability Company and Articles of Amendment and fee(s) are submitted for filing. In all correspondence concerning this matter to the following: Chevenne Moseley Name of Person Legalzoom.com, Inc. Firm/Company 101 N Brand Blvd 11th Fl Address Glendale, CA 91203 City/State and Zip Code shard86@hotmail.com E-mail address: (to be used for future annual report notification). information concerning this matter, please call: Moseley 800 773-0888 at (Area Code Devire Telephone Number Area Code Certificate of Status & Certified Copy (additional copy is enclosed) MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314 2661 Executive Center Circle	
	Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILELI
4024 JAN 10 PM -
TALLAHASSEE FLORIDA

MAMA MAE'S INSIGHT 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 12/04/2023	and assigned
Florida document number		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" o	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2424 W. Brandon Blvd.	
(Principal office address MUST BE A STREET ADDRESS)	Brandon, FL 33511	
Enter new mailing address, if applicable:	2424 W. Brandon Blvd.	
(Mailing address MAY BE A POST OFFICE BOX)	Brandon, FL 33511	***************************************
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	ffice address on our records, e:	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street oddress	
	, Flori	
	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 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

To:

<u>Title</u>	Name	Address	Type of Action
AMBR	Sherrie M. Hardesty-Maybin		الله الله
			Add
			☐ Remove
		2424 W. Brandon Blvd. Brandon, FL 33511	■ Change
			Remove
			Change
			Change?
			Add
	•	*	□ Remove
			Change
_			□ Add
			Remove
			□ Change
	A		☐ Add
			□ Remove
			Change

Effective date, if other than the date of filing: (Optional) 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 Motes: If the date insperted 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. The 90th day after the record is filed. Dated 12-27. 2023. Likum M. Hardesty-Maybin		
Effective date, if other than the date of filing: [Optional] 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 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. The effective date and delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: The 90th day after the record is filed. Dated 12-27- [2023] [Signature of phehiber or authorized representative of a member]		
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CONTRACTOR		V

Page 3 of 3

Filing Fee: \$25.00