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## **COVER LETTER**

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CHDIRCH	O taste and	See that the LORD is good Ba	akery LLC		
SUBJECT	:	Name of Lim	ited Liability Company	<del></del>	
The enclos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please retu	m all correspo	ndence concerning this matter	to the following:		
		Alva Atkins			
			Name of Person		
		CEO			
			Firm/Company	<del>-</del> -	
		5615 Calumet Ct #D		:	
			Address	15.7°	
		Tampa, FL 33617		INSS	 
		FLAGBAKERY@GMAIL.	COM	E S	: [] PM 1: 33
		_	to be used for future annual report noti	fication)	33
For further	information c	oncerning this matter, please co	ıll:		
Alva A	tkins		800 6936390 at ( )		
	Name o	f Person		e Telephone Number	_
Enclosed is	s a check for th	ne 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 Certificate of Certified Cop (additional copy	Status &
R D P	Iailing Addrest egistration Solivision of Co. Box 632 allahassee, I	Section forporations 7	Street Address: Registration Se Division of Con The Centre of T 2415 N. Monro Tallahassee, FL	porations Tallahassee e Street, Suite 810	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

O taste and see that the LORD is good Bakery LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited	ny as it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company	were filed on June 5, 2024		and assigned
Florida document number $\frac{99-1207706}{}$ .			
This amendment is submitted to amend the following:			
. If amending name, enter the new name of the limited liab	ility company here:		
FLAG BAKERY LLC			
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L	LC" or the abbrev	riation "L.L.C."
Enter new principal offices address, if applicable:			<b>2</b> 3
Principal office address MUST BE A STREET ADDRESS)		F	, u - *
		. A	:
		SYS	
inter new mailing address, if applicable:	P O BOX 291796	ONCH MITA MUNI	<u> </u>
Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL 33687	STA I. FL	<del>-</del> 0
		Lil.	ω
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, <u>ent</u>	ter the name o	the new reg
mane of New Regimered Algent.			
New Registered Office Address:	Enter Florida street add	drace	
	City	Florida	Zip Code
	Cuj	•	up Coae

## 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

<u>Title</u>	Name	Type of Action	
			□Add
			Remove
			□Change
			□Remove
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ective date, if other effective date is listed, t	he date must be specif	ic and cannot be prie		r more than 90 days a			
e: If the date inserted ument's effective date				lling requirements,	this date wil	l not be lis	ied a
cord specifies a delayer filed.	ed effective date, bu	t not an effective	time, at 12:01 a.	m. on the earlier of	(b) The 90	)th day afte	er the
ed	<u> </u>	2024	·				
	Alva (	itkin	3				
	Signature	of a member or auti	norized representa	tive of a member			