

L24 000155650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

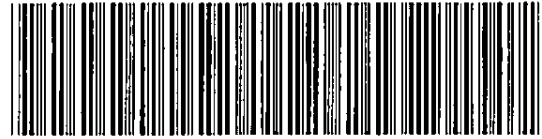
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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12/04/24--01009--013 **25.00

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STATE
IN L. HAVEN, FL

2024 DEC -4 PM 4:51

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bamm's Family Kitchen, 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:

Theverick Walker
Name of Person

Bamm's family Kitchen, LLC
Firm/Company

1765 NE 349 Hwy Old town, FL 32680
Address

Old town, FL 32680
City/State and Zip Code

Nikki Lee 328 @ Yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Walker at 352 356-1261
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

FILED
2024 DEC -4 PM 4:52
STATE OF FLORIDA
TALLAHASSEE

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

Bamm's Family Kitchen, 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 4-1-2024 and assigned Florida document number _____.

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)

1765 NE 349 Hwy
Old Town, FL 32680

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1765 NE 349 Hwy
Old Town, FL 32680

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:

Treverick Walker

New Registered Office Address:

1765 NE 349 Hwy

Enter Florida street address

Old Town

City

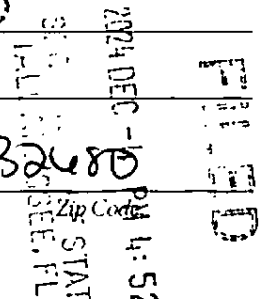
Florida

32680
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



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>
MGR	Matthew Stott	339 NE 147 St	<input type="checkbox"/> Add
		Cross City, FL 32628	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Matthew Stott	339 NE 147 St	<input type="checkbox"/> Add
		Cross City, FL 32628	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Treverick Walker	1765 NE 349 Hwy	<input checked="" type="checkbox"/> Add
		Old Town, FL 32680	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Treverick Walker	1765 NE 349 Hwy	<input checked="" type="checkbox"/> Add
		Old town, FL 32680	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Nicole Walker	1765 NE 349 Hwy	<input checked="" type="checkbox"/> Add
		Old town, FL 32680	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nicole Waker	1765 NE 349 Hwy	<input checked="" type="checkbox"/> Add
		Old town, FL 32680	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
024 DEC - 4
STATE OF FLORIDA
TALLAHASSEE, FL

[illegible]

2029 DEC -4 PM 4:52
Pursuant to 605.0207 (3)(X)
it will not be listed as the
the 90th day after the
STATE
FL

Dated September 27, 2024

Signature of a member or authorized representative of a member

Matthew Chalmers Stott
Typed or printed name of signee