

L24000357872

Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : INC AUTHORITY, LLC
Account Number : 120240000004
Phone : (775)329-7721
Fax Number : (775)376-9207

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

Email Address: amberb101@icloud.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
MUNCHIES EATERY, LLC**

Certificate of Status	0
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K. SALY

SEP 12 2024

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

MUNCHIES EATERY, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 08/14/24 and assigned
Florida document number L24000357872

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:

10472 Clarion Street

(Principal office address MUST BE A STREET ADDRESS)

Spring Hill, FL 34608

Enter new mailing address, if applicable:

10472 Clarion Street

(Mailing address MAY BE A POST OFFICE BOX)

Spring Hill, FL 34608

**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

is 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	Shawn Mayo-Harvey	10472 Clarion Street	<input type="checkbox"/> Add
		Spring Hill, FL 34608	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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Effective date, if other than the date of filing: 1/27/11 (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)(b)
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.

Dated: September 10th, 2024

Shawn Mayo-Harvey
Signature of a member or authorized representative

Typed or printed name of signee