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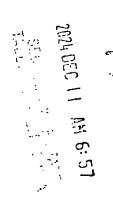
| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ac | ldress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | = #) |
| PICK-UP | ☐ WAIT | MAIL |
| (8i | siness Entity Nan | ne) |
| | | |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration So Division of Co | | • | |
|---------------------------------------|--|---|---|
| SUBJECT: | wildflour s | Sourdough L | LL |
| SUBJECT: | | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| | ondence concerning this matter | - | |
| | Mona H | adziahmetovic | • |
| | | Name of Person | |
| | Wildflour | r Sourdough | |
| | | Firm/Company | |
| | 523 SE 2 | oth Ct. Apt. 5 | |
| | | Address | |
| | Boynton ! | Beach, Fl 3343 | 5 |
| | | City/State and Zip Code | |
| | | hmetovic@gmail.c | |
| | | · | neuton) |
| For turther information (| concerning this matter, please ca | 30): | |
| Mona Hadz | iahmetovic | at (803) 931. | 6864 |
| Name o | of Person | | e Telephone Number |
| Enclosed is a check for t | he 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) |
| <u>Mailing Addre</u> Registration | | Street Address: Registration Se | ction |

P.O. Box 6327
Tallahassee, FL 32314

• • • •

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

| Wildflour Sour | | | | |
|--|--|-----------------------------|-------------|----------------|
| (Name of the Limited Liability (A Florida Li | Company as it now appears on confided Liability Company) | our records.) | | |
| The Articles of Organization for this Limited Liability Con Florida document number <u>L24000489112</u> | mpany more mea on | 19/24 | _ and ass | signed |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited | d liability company here: | | | |
| The new name must be distinguishable and contain the words "Limited | d Liability Company," the designa | ation "LLC" or the abbrev | viation "L. | .L.C." |
| Enter new principal offices address, if applicable: | | | | |
| (Principal office address MUST BE A STREET ADDRES | <u> </u> | <u> </u> | 202 | |
| | | | <u> </u> | |
| | | | | : - |
| Enter new mailing address, if applicable: | | • | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | === | |
| | | | <u>်.</u> | |
| | | | ~ | |
| B. If amending the registered agent and/or registered o agent and/or the new registered office address here: | office address on our record | ds, <u>enter the name o</u> | f the nev | w registered |
| Name of New Registered Agent: | | | | |
| New Registered Office Address: | | | | |
| | Enter Florida st | reet address | | |
| | | , Florida | · · · · · | |
| | Ciņ | | 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> | Address | Type of Action |
|--------------|---------------|------------------------------|------------------|
| AMBR | Mona Hadziahm | netovic 523 SE Zoth Ct, APHS | ⊅ Add |
| | | Boynton Beach, F1 33435 | S □Remove |
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| If an ef Note: | tive date, if other than the date of filing: |
| e reco ord is f | rd 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 iled. |
| | 12/05/24 |
| Dated | |
| Dated | Signature of a member of authorized representative of a member |