

L13000052712

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

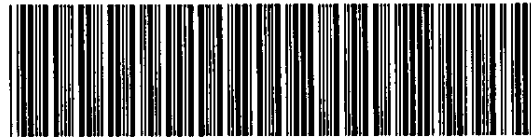
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
13 JUN 27 PM 2:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUN 28 2013
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 16, 2013

MARY JO CUBLEY / CUB & SONS CRAWFISH, LLC
14251 GANT AVE.
PENSACOLA, FL 32507

SUBJECT: CUB & SONS CRAWFISH, LLC
Ref. Number: L13000052712

We have received your document for CUB & SONS CRAWFISH, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Electronically filed documents must be on letter size paper.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 313A00009088

COVER LETTER *attn: Carolyn*

TO: Registration Section
Division of Corporations

SUBJECT: Cub & Sons Crawfish 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:

Mary Jo Cubley
Name of Person

Cub & Sons Crawfish LLC
Firm/Company

14251 East Ave.
Address

Pensacola FL 32507
City/State and Zip Code

billseasonings@bellsouth.net
E-mail address: (to be used for future annual report notification)

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13 JUN 27 PM 12:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Mary Jo Cubley at 850 712-1637 cell
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cub e' Sans Crawfish, 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 April 10, 2013 and assigned Florida document number L13000052712.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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 608, 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

FILED

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

13 JUN 27 PM 2: 26

MGR = Manager
MGRM = Managing Member

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title	Name	Address	Type of Action
MGRM	MARY JO CUBLEY	14251 GANT AVE. PENSACOLA FL 32507	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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FILED

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

13 JUN 27 PM 2: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated _____

Mary Jo Cubley

Signature of a member or authorized representative of a member

MARY JO CUBLEY

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00