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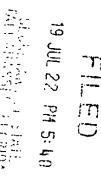
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PICK-UP	☐ WAIT	MAIL
(E	Business Entity Name	e)
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Certified Copies	Certificates o	of Status
Special Instructions t	o Filing Officer:	
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## **COVER LETTER**

TO:	Registration Sec Division of Corp			
410/15 1 17	Flatwater Fo			
SUBJE	СТ:	Name of Limi	ted Liability Company	<del></del>
The enc	losed Articles of a	Amendment and fee(s) are subt	nitted for filing.	
Please r	eturn all correspoi	ndence concerning this matter t	to the following:	
		Stuart II. Brown		
			Name of Person	
		Flatwater Foods, L.L.C.		
			Firm/Company	
		P.O. BOX 6370		
			Address	
		Pensacola, Florida 32503		
		stuarthbrown70@gmail.com	City/State and Zip Code	<del></del>
			o be used for future annual report notific	cation)
For furt	her information co	oncerning this matter, please ca		
Kramei	A, Litvak		850 432-9818 at ()	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclose	d is 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

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

FLATWATER FOODS, L.L.C.					
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on ou d Liability Company)	ır <u>records.</u> )			
The Articles of Organization for this Limited Liability Compar	ny were filed on July 7, 20	003	{	ınd ass	iigned
Florida document number L03000024850					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	ibility company here:				
					1 ( ) "
The new name must be distinguishable and contain the words "Limited Lia	bility Company," the designat	ion "LLC" or i	the abbrevia	ition "L.	.1,,€
Enter new principal offices address, if applicable:		<del> </del>			
(Principal office address MUST BE A STREET ADDRESS)					
					<del></del>
			200	19	
Enter new mailing address, if applicable:			, , , , , , ,		
(Mailing address MAY BE A POST OFFICE BOX)			7:	<u> </u>	
			- 1	2	
			<u> </u>		[ ] [
B. If amending the registered agent and/or registered	office address on our	records, e	nter? the	<u>name</u>	of the ne
registered agent and/or the new registered office address h	<u>ere</u> :			0 4	
Name of New Registered Agent:				<del>-</del>	
1000 111					
New Registered Office Address:	Enter Florida str	eet address			

## 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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
MGR	JAMES E. LEE, II	1231 WOODCREST DRIVE MACON, GA 31210	Add
			☐ Remove
			■ Change
			Add
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Effective date, if other than the date of filing:	(optional)	
(If an effective date is listed, the date must be specific and cannot be prior to date of filing  Note: If the date inserted in this block does not meet the applicable statutory	gor more than 90 days after filing.) Pursuant to filing requirements, this date will not be	605,020 listed a
document's effective date on the Department of State's records.		
the record specifies a delayed effective date, but not an effecti	ive time, at 12:01 a.m. on the e	arlier o
) The 90th day after the record is filed.	.,	
Dated July , 12 2019		
Dated , 12		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00