

LOB000025289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

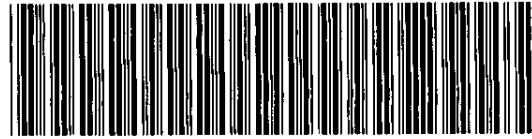
(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

NOV 15 2012

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Crackers 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:

James Earl Harris Jr

Name of Person

Florida Crackers LLC

Firm/Company

5671 Zip Drive

Address

Fort Myers, FL, 33905-5033

City/State and Zip Code

Floridacrackersllc@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Earl Harris Jr

Name of Person

at (239)

240-9483

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 8, 2012

JAMES EARL HARRIS JR.
5671 ZIP DRIVE
FORT MYERS, FL 33905-5033

SUBJECT: FLORIDA CRACKERS, LLC
Ref. Number: L03000025289

We have received your document for FLORIDA CRACKERS, LLC and your check(s) totaling \$798.75. However, the document has not been filed and is being retained in this office for the following:

I am enclosing the Reinstatement form that has to be completed. Note the fee submitted will cover the reinstatement fee and certificate, there is an additional \$25.00 filing fee for the Amendment.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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

Neysa Culligan
Regulatory Specialist II

Letter Number: 512A00027146

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

FILED
12 NOV 15 AM 11:45

Florida Crackers LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on July 11, 2003 and assigned
Florida document number L030000252289.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Fort Myers Florida Crackers LLC

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:

5671 Zip Drive

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, FL, 33905-5033

Enter new mailing address, if applicable:

5671 Zip Drive

(Mailing address MAY BE A POST OFFICE BOX)

Fort Myers, FL, 33905-5033

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

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:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

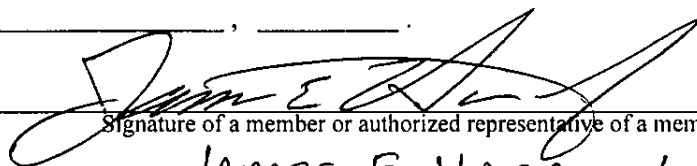
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove

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

Dated _____, _____.



Signature of a member or authorized representative of a member

JAMES E HARRIS JR.

Typed or printed name of signee

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12 NOV 15 AM 11:45
CLERK OF STATE
TALLAHASSEE, FLORIDA

10-15-12