

#L04000017815

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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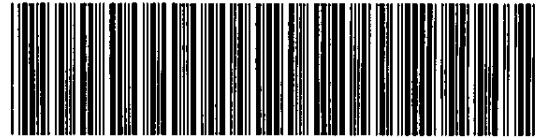
(Business Entity Name)

(Document Number)

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2014 JUL 28 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JUL 31 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Class Logistics Limited Liability Company
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:

Nick Wilmot

Name of Person

Debbie's Accounting Service, Inc

Firm/Company

3575 Southside Blvd

Address

Jacksonville, FL 32216

City/State and Zip Code

tomcrego@aol.com

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

For further information concerning this matter, please call:

Nick Wilmot

Name of Person

at (904) 733-4547

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

FIRST CLASS LOGISTICS, LIMITED LIABILITY COMPANY

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/05/2004 and assigned
Florida document number L04000017815.

This amendment is submitted to amend the following:

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

YA GOTTA EAT, 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:

(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:

WEBB, HAROLD T

New Registered Office Address:

2414 WATTLE TREE ROAD WEST

Enter Florida street address

JACKSONVILLE

City

, Florida 32246

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.

[Signature] Per H. Thomas Webb

If Changing Registered Agent, Signature of New Registered Agent

Per POA

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
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<u>PRES</u>	<u>WEBB, PATRICIA D</u>	<u>PO BOX 19585</u>	<input type="checkbox"/> Add
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		<u>JACKSONVILLE, FL 32245</u>	<input checked="" type="checkbox"/> Remove
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<u>MGRM</u>	<u>WEBB, HAROLD T</u>	<u>2414 WATTLE TREE ROAD WEST</u>	<input type="checkbox"/> Add
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		<u>JACKSONVILLE, FL 32256</u>	<input type="checkbox"/> Remove
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CLERK OF DISTRICT COURT
JALAHASSEE, FLA.

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

changing name to YA GOTTA EAT, LLC and removing Patricia Webb

CHANGE ADDRESS AND TITLE OF HAROLD WEBB

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

* Dated 7/23/14, _____

* *[Signature]* for H. Thomas Webb per POA

Signature of a member or authorized representative of a member

* Harold T. Webb - Patricia D. Webb

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2014 JUL 28 PM 12:28
CLERK OF STATE
TALLAHASSEE, FLORIDA

GENERAL POWER OF ATTORNEY

I, Harold Thomas Webb, residing at 2414 Wattle Tree Road West, Jacksonville, Florida 32246, hereby appoint Patricia Deahnn Webb as my Attorney-in-Fact ("Agent")

I hereby revoke any and all general powers of attorney that previously have been signed by me. However, the preceding sentence shall not have the effect of revoking any powers of attorney that are directly related to my health care that previously have been signed by me.

My Agent shall have full power and authority to act on my behalf. This power and authority shall authorize my Agent to manage and conduct all of my affairs and to exercise all of my legal rights and powers, including all rights and powers that I may acquire in the future. My Agent's powers shall include, but not be limited to, the power to:

1. Open, maintain or close bank accounts (including, but not limited to, checking accounts, savings accounts, and certificates of deposit), brokerage accounts, and other similar accounts with financial institutions.
 - a. Conduct any business with any banking or financial institution with respect to any of my accounts, including, but not limited to, making deposits and withdrawals, obtaining bank statements, passbooks, drafts, money orders, warrants, and certificates or vouchers payable to me by any person, firm, corporation or political entity.
 - b. Perform any act necessary to deposit, negotiate, sell or transfer any note, security, or draft of the United States of America, including U.S. Treasury Securities.
 - c. Have access to any safe deposit box that I might own, including its contents.
2. Sell, exchange, buy, invest, or reinvest any assets or property owned by me. Such assets or property may include income producing or non-income producing assets and property.
3. Purchase and/or maintain insurance, including life insurance upon my life or the life of any other appropriate person.
4. Take any and all legal steps necessary to collect any amount or debt owed to me, or to settle any claim, whether made against me or asserted on my behalf against any other person or entity.
5. Enter into binding contracts on my behalf.
6. Exercise all stock rights on my behalf as my proxy, including all rights with respect to stocks, bonds, debentures, or other investments.
7. Maintain and/or operate any business that I may own.
8. Employ professional and business assistance as may be appropriate, including attorneys, accountants, and real estate agents.
9. Sell, convey, lease, mortgage, manage, insure, improve, repair, or perform any other act with respect to any of my property (now owned or later acquired) including, but not limited to, real estate and real estate rights (including the right to remove tenants and to recover possession). This includes the right to sell or encumber any homestead that I now own or may own in the future.

10. Prepare, sign, and file documents with any governmental body or agency.

- a. Prepare, sign and file income and other tax returns with federal, state, local, and other governmental bodies.
- b. Obtain information or documents from any government or its agencies, and negotiate, compromise, or settle any matter with such government or agency (including tax matters).
- c. Prepare applications, provide information, and perform any other act reasonably requested by any government or its agencies in connection with governmental benefits (including military and social security benefits).

11. Transfer any of my assets to the trustee of any revocable trust created by me, if such trust is in existence at the time of such transfer.

12. Disclaim any interest which might otherwise be transferred or distributed to me from any other person, estate, trust, or other entity, as may be appropriate.

This Power of Attorney shall be construed broadly as a General Power of Attorney. The listing of specific powers is not intended to limit or restrict the general powers granted in this Power of Attorney in any manner.

Any power or authority granted to my Agent under this document shall be limited to the extent necessary to prevent this Power of Attorney from causing: (i) my income to be taxable to my Agent, (ii) my assets to be subject to a general power of appointment by my Agent, and (iii) my Agent to have any incidents of ownership with respect to any life insurance policies that I may own on the life of my Agent.

My Agent shall not be liable for any loss that results from a judgment error that was made in good faith. However, my Agent shall be liable for willful misconduct or the failure to act in good faith while acting under the authority of this Power of Attorney.

I authorize my Agent to indemnify and hold harmless any third party who accepts and acts under this document.

My Agent shall be entitled to reasonable compensation for any services provided as my Agent. My Agent shall be entitled to reimbursement of all reasonable expenses incurred in connection with this Power of Attorney.

My Agent shall provide an accounting for all funds handled and all acts performed as my Agent, if I so request or if such a request is made by any authorized personal representative or fiduciary acting on my behalf.

This Power of Attorney shall become effective immediately and shall not be affected by my disability or lack of mental competence, except as may be provided otherwise by an applicable state statute. This is a Durable Power of Attorney. This Power of Attorney shall continue effective until my death. This Power of Attorney may be revoked by me at any time by providing written notice to my Agent.

Harold Thomas Webb

Harold Thomas Webb

Joseph E. Swinehart
Witness Printed Name

[Signature]
Witness Signature

Acknowledgement:

STATE OF Florida
COUNTY OF Duval

The foregoing instrument was acknowledged before me this 17 day of March, 2008 by Harold Thomas Webb, who is personally known to me or who has produced _____ as identification.

Cynthia L. Merriew
Signature of person taking acknowledgment

Cynthia L. Merriew
Name typed, printed, or stamped



CYNTHIA L. MERRIEW
MY COMMISSION # EE 126566
EXPIRES: August 30, 2015
Bonded Thru Budget Notary Services