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•		COVER LETTER	
TO: Registration : Division of Co			<u>.</u>
F&S	Glce Packers, LLC		
SUBJECT:		ted Liability Company	·
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
	Ray Smothers		
		Name of Person	
	F & S Ice Pack	ers, LLC	
		Firm/Company	
	1011 47th. St	.•	
		Address	
	Niceville, FL 3	2578	
	• • • • • • • • • • • • • • • • • • • •	City/State and Zip Code	
	rvsmothers@cox		
	E-mail address: (t	to be used for future annual report not	ification)
For further information	concerning this matter, please c	all:	
Ray Smothe	ers	at ()678-706	62
Name	of Person	Area Code & Dayti	me 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	□\$60.00 Filing Fee, Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE()

F & S Ice Packers, LLC			13	IAN -3	PM 3: 43
(Name of the Limited (A	Liability Compa Florida Limited L	ny as it now appears on iability Company)	our rego	TOPE (SPE)	CE-SIMIE E PROMITE
The Articles of Organization for this Limited L Florida document number L06000007078	iability Company	were filed on Jan. 1	7, 2006		and assigned
Florida document number	*				
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	ility company here:			
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ted Liability Company,"	the design	nation "LLC'	' or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		337 Bayshore D	r.		
		Niceville, FL 32578			
Enter new mailing address, if applicable:		1011 47th. St.			
(Mailing address MAY BE A POST OFFICE BOX)		Niceville, FL 32578			
B. If amending the registered agent and/ registered agent and/or the new registered o			records,	enter the	name of the new
Name of New Registered Agent:	Ray Smoth	ers			
New Registered Office Address:	1011 47th.		¬; . ;		
	h.11 '11	Enter I		reet address	
	Niceville	City	, Flo	rida <u>3257</u>	8 Zip Code
		City		2	up coue

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>	Address	Type of Action
MGRM	Ray Smothers	1011 47th. St.	Add
		Niceville, FL 32578	Remove
MGRM	Vickie L. Smothers	1011 47th. St.	Add
		Niceville, FL 32578	Remove
MGRM	Joseph C. Fellenz	121 Doyle St.	
		Crestview, FL 32536	Remove
MGRM	Gwenda L. Fellenz	121 Doyle St.	Add
	•	Crestview, FL 32536	Remove
		· · · · · · · · · · · · · · · · · · ·	Add
			Remove
			Add
			Remove

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ıted _	12/31/12
	Kass Another
	Signature of a member or authorized representative of a member
	Ray Smothers

Typed or printed name of signee

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Filing Fee: \$25.00