L06000071575

(Requestor's Name)
(Address)
, ,
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
<u> </u>
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Octanica copies
Special Instructions to Filing Officer:
Ann
·





000254217280

12/06/13--01024--006 **25.00

FILED

P

COVER LETTER

TO:	Registration Section Division of Corporation	ns	*	
SUBJI	ECT: <u>5um</u>			
The en	closed Articles of Amend	Amendment and fee(s) are submitted for filing. Amendment and fee(s) are submitted for filing. Ondence concerning this matter to the following: Christopher P. Elliott Name of Person F3C Franchise Co. LLC Firm/Company 5ULO W. Cypress St., Suite A Address Tampe, FL 33LO7 City/State and Zip Code Celliott & Fac Franchise Co. LCM E-mail address: (to be used for future annual report notification) concerning this matter, please call: P. Elliott at (P13) 226 - 2333 Area Code & Daytime Telephone Number		
Please	return all correspondence	concerning this matter	to the following:	
		Christoph	P. Ellioff Name of Person	
		FSC Fran	chise Co., LLC Firm/Company	
		5660 W. (ypress St., Suite A	
				
For fu	rther information concerni		-	ion)
	Name of Person	lliott	at (<u>913</u>) <u>226 - 233 Area Code & Daytime Te</u>	3 :lephone Number
Enclos	sed is a check for the follo	wing amount:		
52 :	-	_	Certified Copy	Certificate of Status & Certified Copy

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

Summer Field	Beef's LLC		
(Name of the Limited Liability (A Florida)	y Company as it now app Limited Liability Compan	pears on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on _	07/19/2006	and assigned
Florida document number <u>L0600071575</u>	·	, .	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company	here:	
The new name must be distinguishable and end with the wo	rds "Limited Liability Con	mpany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDI	RESS)		
			<u>ξ</u> ω
Enter new mailing address, if applicable:			<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)	<u></u>		
			E A
B. If amending the registered agent and/or registered agent and/or the new registered office add		on our records, <u>ente</u>	r the name of the new
	N COS HOT C		
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street a	address
<u></u>		, 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>	Name	Address	ype of Action
MbR	Chad Hope	5660 W. Cypress St., Suite A Tampa, FL 33607	Add
			Add Remove
		ALLAHASSER P	Add Remove
		FLORDA	Add Remove
			Add Remove
			Add Remove

). If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
,	
Dated	12/2/2013
	Clarkedon P. Ellett
	Signatute of a member or authorized representative of a member
	Christopher P. Ellioff Typed or printed name of signee
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 DEC 16 MI II: 16