

LOT 0000065879

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700104795107

07/03/07--01049--004 \*\*25.00

2007 JUL -3 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

LOT-65879  
AL

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RUBY'S CLAMS 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:

BRUCE A. SKELTON  
(Name of Person)  
RUBY'S CLAMS LLC  
(Firm/Company)  
66 PURIFY RIDGE RD.  
(Address)  
CRAWFORDVILLE, FL 32327  
(City/State and Zip/Code)

For further information concerning this matter, please call:

BRUCE SKELTON at 850 570-2860  
(Name of Person) (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

2007 JUL -3 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Ruby's CLAM's LLC

(Present Name)  
(A Florida Limited Liability Company)

**FIRST:** The Articles of Organization were filed on 06/22/2007 and assigned  
document number LG7 000065879

**SECOND:** This amendment is submitted to amend the following:

Article I - To change the name: Ruby's CLAMs LLC

to: ST. TERESA CLAM's LLC

Dated

06/30/2007

Bruce A. Skelton

Signature of a member or authorized representative of a member

BRUCE A. SKELTON

Typed or printed name of signer

2007 JUL -3 AM 10:54  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Filing Fee: \$25.00