

L070000091190

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : FISHER, TOUSEY, LEAS & BALL  
Account Number : I19990000021  
Phone : (904) 356-2600  
Fax Number : (904) 355-0233

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please\*\***

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MOJO SMOKEHOUSE, LLC

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

2016 JUN - 1 PM 4:33  
2016 JUN - 1 A 10:38  
SECRETARY OF STATE  
FLORIDA

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H16000134449

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Mojo Smokehouse, 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:

Marvin Kloeppel

\_\_\_\_\_  
Name of Person

Fisher Tousey Leas & Ball, P.A.

\_\_\_\_\_  
Firm/Company

501 Riverside Avenue, Suite 600

\_\_\_\_\_  
Address

Jacksonville, Florida 32202

\_\_\_\_\_  
City/State and Zip Code

tlv@fishertousey.com

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

For further information concerning this matter, please call:

Marvin Kloeppel

904 356-2600  
at ( )

\_\_\_\_\_  
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

H16000134449



If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>                      |
|--------------|-------------------|-----------------------------|--|
| MGRM         | Todd S. Lineberry | 11082 Sentry Oak Court      | <input type="checkbox"/> Add               |
|              |                   | Jacksonville, Florida 32256 | <input checked="" type="checkbox"/> Remove |
|              |                   |                             | <input type="checkbox"/> Change            |
| MGR          | Todd S. Lineberry | 11082 Sentry Oak Court      | <input checked="" type="checkbox"/> Add    |
|              |                   | Jacksonville, Florida 32256 | <input type="checkbox"/> Remove            |
|              |                   |                             | <input type="checkbox"/> Change            |
|              |                   |                             | <input type="checkbox"/> Add               |
|              |                   |                             | <input type="checkbox"/> Remove            |
|              |                   |                             | <input type="checkbox"/> Change            |
|              |                   |                             | <input type="checkbox"/> Add               |
|              |                   |                             | <input type="checkbox"/> Remove            |
|              |                   |                             | <input type="checkbox"/> Change            |
|              |                   |                             | <input type="checkbox"/> Add               |
|              |                   |                             | <input type="checkbox"/> Remove            |
|              |                   |                             | <input type="checkbox"/> Change            |
|              |                   |                             | <input type="checkbox"/> Add               |
|              |                   |                             | <input type="checkbox"/> Remove            |
|              |                   |                             | <input type="checkbox"/> Change            |
|              |                   |                             | <input type="checkbox"/> Add               |
|              |                   |                             | <input type="checkbox"/> Remove            |
|              |                   |                             | <input type="checkbox"/> Change            |

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

Article IV, Manger(s) or Managing Member(s), shall be deleted in its entirety and the following shall be inserted  
in its stead:

Article IV, Management

The Limited Liability Company shall be a manager-managed limited liability company within the meaning of the  
Florida Revised Limited Liability Company Act.

A new Article V shall be inserted with the following and the subsequent Articles shall be renumbered:

Article V, Manager

The name and address of the manager of the Limited Liability Company is:

Todd S. Lineberry

11082 Sentry Oak Court

Jacksonville, Florida 32256

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
(b) The 90th day after the record is filed.

Dated \_\_\_\_\_ May 31, 2016

Signature of a member or authorized representative of a member

Marvin Kloeppel, Authorized Representative

Typed or printed name of signee

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Filing Fee: \$25.00

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2016 JUN -1 A 10:38  
SECRETARY OF STATE  
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