

LD8000073507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

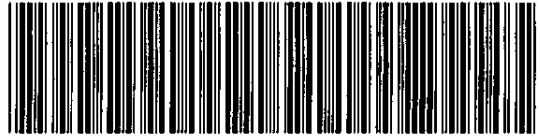
Special Instructions to Filing Officer:

L. SELLERS

NOV 23 2009

EXAMINER

Office Use Only



100162057661

11/03/03--01023--019 **52.50

FILED
09 NOV 20 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

October 20, 2009

TO: Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle
P.O. Box 6327
Tallahassee, FL 32301

SUBJECT: Betty Ruth's Pea Patch LLC

The enclosed Certificate of Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to:

Kay Dallas
P.O. Box 261
West Green, GA 31567
Katydid2667@gmail.com
863 224 0337 or
912 384 8725

Enclosed is my check in the following amount \$52.50

Sincerely,
K Dallas



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2009

KAY DALLAS
P.O. BOX 261
WEST GREEN, GA 31567

SUBJECT: BETTY RUTH'S PEA PATCH, LLC
Ref. Number: L08000073507

We have received your document for BETTY RUTH'S PEA PATCH, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LIMITED PARTNERSHIP, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

LLC's file Articles of Amendment, not Certificate's of Amendment and the Statute quoted is in reference to Limited Partnerships.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Regulatory Specialist II

Letter Number: 709A00035314

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Betty Ruth's Pea Patch LLC

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

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L08000073507

This amendment is submitted to amend the following:

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

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)

9714 U.S. Highway 221
West Shen, GA 31567

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 261
West Shen, GA 31567

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:

Kay Dallas

New Registered Office Address:

c/o 2715 Red River Trail

Enter Florida street address

Palatka City

City

Florida

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.

E. H. Kay Dallas

If Changing Registered Agent, Signature of New Registered Agent

FILED
NOV 20 AM 8:29
TALLAHASSEE
FLORIDA
3068

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Deborah J. Merrill	10230 Stevens Drive POLK CITY, FL 33868	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Brandy D. Miller	2715 Red River Trail Polk City, FL 33868	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated 11/19/09 November 19, 2009

E.H. Kay Dallas

Signature of a member or authorized representative of a member

E.H. KAY DALLAS

Typed or printed name of signee

FILED
09 NOV 20 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA