

L 08000105656

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(City/State/Zip/Phone #)

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(Business Entity Name)

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EXAMINER



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12 DEC 20 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEWBERRY'S DELI & GRILL, 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:

Carl Johnson

Name of Person

Firm/Company

25461 W. Newberry Road

Address

Newberry, FL 32669

City/State and Zip Code

tadinum2005@yahoo.com

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

For further information concerning this matter, please call:

Carl Johnson

Name of Person

352 472-7353

at ( )

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

FILED  
12 DEC 20 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
12 DEC 20 AM 8:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**NEWBERRY'S DELI & GRILL, LLC**

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

**FILED**  
12 DEC 20 AM 8:02  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 11/13/2008 and assigned  
Florida document number L08000105656.

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)**

25461 W. Newberry Road  
Newberry, FL 32669

Enter new mailing address, if applicable:  
**(Mailing address MAY BE A POST OFFICE BOX)**

25461 W. Newberry Road  
Newberry, FL 32669

**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:**

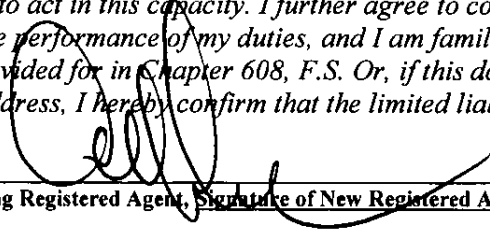
Name of New Registered Agent: Carl Johnson

New Registered Office Address: 25461 W. Newberry Road  
*Enter Florida street address*

Newberry, Florida 32669  
*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	David Miles	3401 W. University Avenue	<input type="checkbox"/> Add
		Gainesville, FL 32607	<input checked="" type="checkbox"/> Remove
MGRM	Carl Johnson	25461 W. Newberry Road	<input checked="" type="checkbox"/> Add
		Newberry, FL 32669	<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.)*

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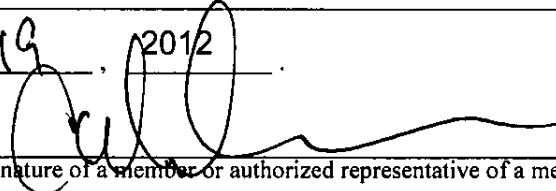
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Dated December 19, 2012

  
Signature of a member or authorized representative of a member

Carl Johnson

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**