

LD8000106096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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EXAMINER



100218610091

01/20/12--01007--014 \*\*43.75

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 20 AM 10:31



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2012

SANJAY SUJANANI/CRYSTAL KEENE  
640A DOUGLAS ROAD  
OLDSMAR, FL 34677

SUBJECT: TURTLE BEACH FOOD SERVICE, LLC  
Ref. Number: L08000106096

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 20 AM 10:31

We have received your document for TURTLE BEACH FOOD SERVICE, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 312A00001674

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Turtle Beach Foodservice  
Name of Limited Liability Company

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 20 AM 10:31

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Crystal Keene  
Name of Person

Turtle Beach Foodservice  
Firm/Company

640A Douglas Rd  
Address

Oldsmar FL 34677  
City/State and Zip Code

crystal.k@turtlebeachfood.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Crystal Keene at (866) 279 2131  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount: check 1425 in the amount of \$43.75 already given

☐ \$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

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
12 JAN 20 AM 10:31

Turtle Beach Foodservice 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 11/10/11 and assigned  
Florida document number 208000106096

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

Sanjay Sujanani

New Registered Office Address:

640-A Douglas Road

Enter Florida street address

Oldsmar

City

Florida

34677

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:

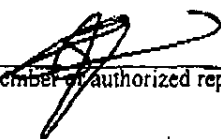
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MANM	Sanjay Sujarani	6440 A Douglas Road Oldover, IL 39677	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated March 27, 2012

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee