

L090000011941

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

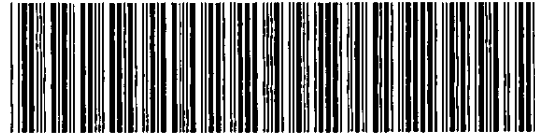
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BRYAN DEC 14 2009

J. BRYAN

DEC 17 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2009

DELROY COWAN
TROPICAL MEAT FISH & BAKERY, LLC
6065 NW 167TH ST, #B-3
MIAMI, FL 33015

SUBJECT: TROPICAL MEAT, FISH & BAKERY, LLC
Ref. Number: L09000011941

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TALLAHASSEE, FLORIDA

We have received your document for TROPICAL MEAT, FISH & BAKERY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 109A00037939

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TROPICAL MEAT FISH + BAKERY, 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:

DELROY COWAN
Name of Person

TROPICAL MEAT FISH + BAKERY, LLC.
Firm/Company

6065 NW 167th St #B-3
Address

MIAMI FL. 33015
City/State and Zip Code

DELROY.COWAN@GMAIL.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EARLE COWAN at 305 345-6825
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

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TALLAHASSEE, FLORIDA

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

TROPICAL MEAT, FISH & BAKERY, 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 02/05/2009 and assigned Florida document number L09000011941

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)

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TALLAHASSEE, FLORIDA

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:

New Registered Office Address:

Enter Florida street address

Florida

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:

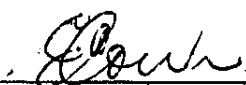
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	JOY MAYE	6065 NW 167th St Suite B-3 MIAMI, FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DELROY COWAN	6065 NW 167th St Suite B-3 MIAMI, FL 33015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HEATHER COWAN	6065 NW 167th St Suite B-3 MIAMI, FL 33015	<input type="checkbox"/> Add <input checked="" 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 _____,



Signature of a member or authorized representative of a member
EARLE COWAN

Typed or printed name of signee

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