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(City/State/Zip/Phone #)

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12 SEP 17 PM 3:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Subway of Wewahitchka #17786, 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:

Beverly S. Pitts

Name of Person

Subway of Wewahitchka #17786, LLC

Firm/Company

154 Oak Street

Address

Wewahitchka, Florida 32465

City/State and Zip Code

bevпиты@aol.com

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

For further information concerning this matter, please call:

Beverly S. Pitts

Name of Person

at (850)

819-3313

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

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

FILED

12 SEP 17 PM 3:05

Subway of Wewahitchka #17786, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/1/2011 and assigned
Florida document number L11000000478.

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:

154 Oak Street

(Principal office address MUST BE A STREET ADDRESS)

Wewahitchka, Florida 32465

Enter new mailing address, if applicable:

154 Oak Street

(Mailing address MAY BE A POST OFFICE BOX)

Wewahitchka, Florida 32465

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:

Roy Herman Pitts

New Registered Office Address:

154 Oak Street

Enter Florida street address

Wewahitchka

Florida

32465

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. If, 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.

Roy Herman Pitts
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:

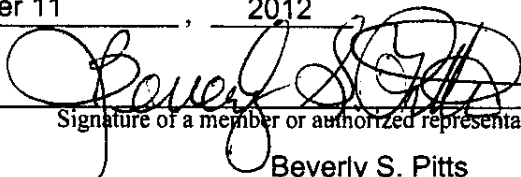
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Roy H. Pitts	449 Pine Street Wewahitchka, FL 32465	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Eric H. Pitts	3134 College Boulevard Lynn Haven, FL 32444	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Pamela E. Nunnery	417 Pine Street Wewahitchka, FL 32465	<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

September 11, 2012



Signature of a member or authorized representative of a member

Beverly S. Pitts

Typed or printed name of signee