

L11000040910

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

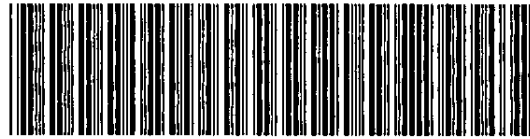
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000251477450

09/09/13--01014--018 **25.00

FILED
2013 SEP -9 PM 4:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 2013
D. BRUCE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ENGLEWOOD BEEF'S, 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:

KARLYN REMMERT
Name of Person

THE BAYSHORE COMPANY
Firm/Company

9331 ADAMO DR. SUITE 200
Address

TAMPA, FL 33619
City/State and Zip Code

KREMMERT@BAYSHORECOMPANY.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KARLYN REMMERT at (813) 579-8220
Name of Person Area Code & Daytime Telephone Number

FILED
2013 SEP -9 PM 4:52
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

ENGLEWOOD BEEF'S 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 04/05/2011 and assigned
Florida document number L11000040910.

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:

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

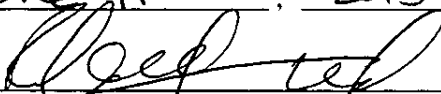
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHRISTOPHER LEWIS	9331 ADAMO DR.	<input type="checkbox"/> Add
		SUITE 200	<input checked="" type="checkbox"/> Remove
		TAMPA, FL 33619	
MGRM	J CLIFF LONGSHORE	9331 ADAMO DR	<input checked="" type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		TAMPA, FL 33619	
			<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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2013 SEP - 9 PM 4:52
FILED

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

• _____
• _____
• _____

Dated JUNE 11th, 2013



Signature of a member or authorized representative of a member

Robert Wolfenbarger

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
2013 SEP - 9 PM 4:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA