

(Requestor's Name)		
(Ac	Idress)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	10
(0)	ty/State/Zip/Filone	#)
☐ PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	е)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
<u> </u>		
Special Instructions to	Filing Officer:	1
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G. MCLEOD

OCT - 5 2011

EXAMINER



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10/03/11--01029--024 **25.00

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SECRETARY OF STATE

COVER LETTER

TO:	Registration S Division of Co	ection rporations :		
SUBJE	CCT:	Wauchu	la Beefs, LLC	
		. Name of Limit	ed Liability Company	
The end	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all corresp	ondence concerning this matter (to the following:	
		C	Christopher R. Lewis Name of Person	
			Name of Person	
-		S	Sarasota Beefs, LLC	
			Firm/Company	
		9331	9331 Adamo Drive, Suite 200	
			Address	
			Tampa, FL 33619	
			City/State and Zip Code	
		Clewis@	bayshorecompany.com be used for future annual report notificat	ion)
F. 6.	1 10		1. (劉明) 7 (2.13)的	•
For Iuri	her information (concerning this matter, please ca	ll: Service man, record of the service of the servi	· V (
		n A. Wolfenden	at (813) 62	21-8199
	Name o	of Person	Area Code & Daytime T	elephone Number
Enclose	d is a check for t	he following amount:		
₹ 25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 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:

tion Section

of Corporations

x 6327

See, FL 32314

Registration Section

Division of Corporations

Clifton Building

2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Wauchula E	Beef's, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	i ny as it now app Liability Compan	ears on our records. y))	
The Articles of Organization for this Limited Liability Company Florida document number <u>L11000043643</u> .	• •			ssigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company l	<u>here</u> :		
Sarasota Be	eef's, LLC			
The new name must be distinguishable and end with the words "Limit" L.L.C."	ited Liability Cor	npany," the designation	on "LLC" or the	e abbreviatio
Enter new principal offices address, if applicable:	<u>3678</u>	ClarkR	oad	
(Principal office address MUST BE A STREET ADDRESS)	Saras	Clark R ota, FC	3423	3 <i>l</i>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address or	n our records, <u>ent</u>	SECRETARY OF STATE	of the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida street	address	·
		, Florida		
	City	 ;	Zip Cod	de

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 Membar being added or removed from our records:

	anager Managing Member		
<u>itle</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			— ∏Add
	•		Remove
If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary.)	
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ted S	eptember 27 2	011.	
		rl	
	Signature of a member of a mem	er or authorized representative of a member	
	Typed	d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00