

L11000096329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

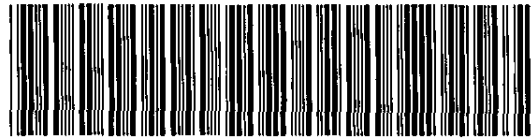
(Business Entity Name)

(Document Number)

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RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
2014 NOV -6 PM 3:04  
TO ACKNOWLEDGE  
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APPROVED  
AND  
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14 NOV -6 PM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NOV - 6 2014

T. BROWN

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

TOUS meats AND Produce 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:

John A. TOUSSAINT Sr.

Name of Person

Firm/Company

#87, 1630 BALKIN Rd.

Address

TALLAHASSEE, FL 32305

City/State and Zip Code

TousMEATmarket @ Gmail. Com

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

For further information concerning this matter, please call:

John A. TOUSSAINT Sr.

Name of Person

at (850) 510-5543

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

APPROVED  
AND  
FILED

14 NOV -6 PM 3:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Tous meats And produce 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 \_\_\_\_\_ and assigned  
Florida document number L 1100096329

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)

307 E. JEFFERSON ST.  
QUINCY, FL 32351

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:

JOHN A. TOUSSAINT Sr.

New Registered Office Address:

#87, 1630 BALKIN Rd

Enter Florida street address

TALLAHASSEE

City

Florida

32305

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 605, 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.

John A. Toussaint Sr.  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager  
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John A. Toussaint	#87, 1638 BALKIN RD TALLAHASSEE, FL 32305	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	LAWRENCE TOUSSAINT	#87, 1630 BALKIN RD TALLAHASSEE, FL 32305	<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.)*

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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 11/6/14, \_\_\_\_\_

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
John A. TOUSSAINT Sr.  
\_\_\_\_\_  
Typed or printed name of signee