

L110000096329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☒ WAIT

☐ MAIL

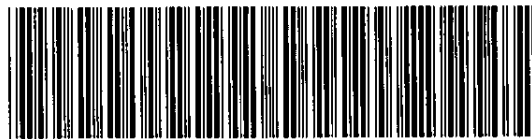
(Business Entity Name)

(Document Number)

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DEPARTMENT OF STATE  
15 JUL 17 AM 10:39  
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FILED  
2015 JUL 17 AM 10:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W. C. Cullen JUL 17 2015

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: TOUS MEAT 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  
Name of Person  
TOUS MEAT & PRODUCE  
Firm/Company  
307 E JEFFERSON ST.  
Address  
QUINCY, FL 32351  
City/State and Zip Code

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

For further information concerning this matter, please call:

\_\_\_\_\_  
Name of Person at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

2015 JUL 17 AM 10:44

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Tous MEAT 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 8-22-11 and assigned  
Florida document number L 11000096329

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 contain 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*

*City*, Florida *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.*

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>                      |
|--------------|------------------------|--------------------------|--|
| <u>MGR</u>   | <u>ERIC TOUSSAINT</u>  | <u>3352 WOODBRIAR LN</u> | <input type="checkbox"/> Add               |
|              |                        | <u>TALLAHASSEE, FL</u>   | <input checked="" type="checkbox"/> Remove |
|              |                        |                          | <input type="checkbox"/> Change            |
| <u>MGR</u>   | <u>CANDACE RUSCHER</u> | <u>2329 ROBINHOOD LN</u> | <input type="checkbox"/> Add               |
|              |                        | <u>TALLAHASSEE, FL</u>   | <input checked="" type="checkbox"/> Remove |
|              |                        |                          | <input type="checkbox"/> Change            |
|              |                        |                          | <input type="checkbox"/> Add               |
|              |                        |                          | <input type="checkbox"/> Remove            |
|              |                        |                          | <input type="checkbox"/> Change            |
|              |                        |                          | <input type="checkbox"/> Add               |
|              |                        |                          | <input type="checkbox"/> Remove            |
|              |                        |                          | <input type="checkbox"/> Change            |
|              |                        |                          | <input type="checkbox"/> Add               |
|              |                        |                          | <input type="checkbox"/> Remove            |
|              |                        |                          | <input type="checkbox"/> Change            |
|              |                        |                          | <input type="checkbox"/> Add               |
|              |                        |                          | <input type="checkbox"/> Remove            |
|              |                        |                          | <input type="checkbox"/> Change            |

1. What is the purpose of the study?  
 2. What are the research questions?  
 3. What is the study design?  
 4. What are the participants?  
 5. What are the interventions?  
 6. What are the outcomes?  
 7. What are the limitations?  
 8. What are the conclusions?  
 9. What are the implications?  
 10. What are the future directions?

SECRET

2015 JUL 17 AM 10:44

1  
2  
3  
4

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

7/12/15

987654321

Signature of a member or authorized representative of a member

John A. Foussaint Sr

Typed or printed name of signee