

L110000697716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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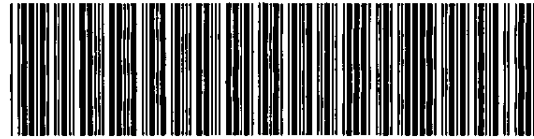
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS

O SIMMONS

OCT 19 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Manwell Food Company, 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:

Jessica Young

\_\_\_\_\_  
Name of Person

Langdale Vallotton, LLP

\_\_\_\_\_  
Firm/Company

1007 N. Patterson Street

\_\_\_\_\_  
Address

Valdosta, GA 31601

\_\_\_\_\_  
City/State and Zip Code

chris@manwellproduce.com

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

For further information concerning this matter, please call:

Jessica Young

229 244-5400  
at ( )

\_\_\_\_\_  
Name of Person

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

## Page 1 of 3

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>
MGR	Christopher M. Manwell	1804 Plum Street	<input checked="" type="checkbox"/> Add
		Valdosta, GA 31601	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Christopher M. Manwell	1804 Plum Street	<input type="checkbox"/> Add
		Valdosta, GA 31601	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	William S. Hults, IV	2601 Ashford Court	<input type="checkbox"/> Add
		St. Augustine, FL 32092	<input checked="" type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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DIVISION OF CORRECTIONS

THE

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

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

Dated October 17 , 2016

Signature of a member or authorized representative of a member

Christopher M. Manwell

Typed or printed name of signee