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B. BOSTICK
JUN 28 2013
EXAMINER

## **COVER LETTER**

TO:

Registration Section Division of Corporations

SUBJECT:

MAYBASH FOODS, 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:

CLAUDIUS J. ALBURY

Name of Person

MAYBASH FOODS, LLC

Firm/Company

235 W. BRANDON BLVD., #306

Address

BRANDON, FL 33511

City/State and Zip Code

streamlinehr@yahoo.com

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

For further information concerning this matter, please call:

CLAUDIUS J. ALBURY

<sub>31</sub>,863,512-5848

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	BASH FOODS, LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number L11000099168	Company were filed on	08/29/11	and assigned
<del></del>	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company he	e <u>re</u> :	
CLAUDE JAMES, LLC			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADD	PRESS)	w	
			2013
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
			R III
			≘, <b>N</b>
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad	stered office address on dress here:	our records, enter	the name of the nev
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street ac	ldress
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Type of Action <u>Title</u> <u>Name</u> **Address** Add Remove Remove Remove Remove Remove

Remove

D. If	amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated	1 06/25/ 13/
	Signature of a member or authorized representative of a member
	Typed or printed name of signee

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Filing Fee: \$25.00

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