L12000028364

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SECRETARY OF STATIONS
ON OF CORPORATIONS
912 NOV -5 PM 2: 21

C. LEWIS

NOV -6 2012

EXAMINER

COVER LETTER

10:	Division of Corp		*t * :	
s Surife	CT:	JC	CSS LLC	
SUBJE	C1.	······································	ted Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspor	ndence concerning this matter	to the following:	
			John Christen	
			Name of Person	
	JCSS LLC			
			Firm/Company	
		3527 Heards Ferry Dr		
			Address	
	•	Tampa, Florida 33609		
			City/State and Zip Code	
		E-mail address: (1	@shellsseafood.com to be used for future annual report notin	fication)
For furtl	her information co	oncerning this matter, please c	all:	
		nn Christen	at (_813)	240-4399
	Name of	Person	Area Code & Daytin	ne Telephone Number
Enclose	ed is a check for th	e 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)
		ING ADDRESS: ation Section	STREET/COUR Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED.
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2012 NOV -5 PM 2:21

	JCSS LLC		
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appears a Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on Fe	bruary 28, 2012 and assigned	
Florida document numberL12000028364		and assigned	
This amendment is submitted to amend the following:		,	
A. If amending name, enter the new name of the lin	mited liability company here:		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
<u>(Principal office address MUST BE A STREET ADD</u>	DRESS)		
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		r records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Futo	r 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 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 Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGMF	JOHN CHRISTEN	3527 HEARDS FERRY DR TAMPA, FLORIDA 33618	Add Remove		
MGR	DEBORAH CHRISTEN	3527 HEARDS FERRY DR TAMPA, FLORIDA 33618	Add ✓ Remove		
MBR	DEBORAH CHRISTEN C	O 3527 HEARDS FERRY DR TAMPA, FLORIDA 33618	Add Remove		
,,, ,, , , , , , , , , , , , , , , , ,			Add Remove		
			Add Remove		
			Add Remove		
D. If an	nending any other information, enter	change(s) here: (Attach additional sheets, if necessary	.)		
	JCSS LLC needs to remove De	eborah Christen as a manager	SECRETA DIVISION OF		
	and add Deborah Christen Corporation (EIN 593136128) as a member.				
	Please contact John Christen 8				
	Deborah Christen 813 240 623	0 if there are any problems.	PA PA		
			AFIGN: AFIGN: -		
Dated _	October 30	2012			
	Signature of a r	nember or authorized representative of a member JOHN CHRISTEN			
		Typed or printed name of signee			

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Filing Fee: \$25.00