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SECRETARY OF STATE

J. BRYAN

MAY 25 2012

EXAMINER

## **COVER LETTER**

Division of Corporations	
SUBJECT: Compton Food Service, 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:	
Ralph Compton Name of Person	
Compton Food Service, LLC Firm/Company	
102 Beechwood Drive	77
Address	=
Firm/Company  102 Beechwood Dr. Ne.  Address  Crawfordville, FL 32327  City/State and Zip Code  Compton johnson @ aol. com  E-mail address: (to be used for future annual report notification)	T
Comptoniohason @ a ol. com	
Compton john son @ aol. com  E-mail address: (to be used for future annual report notification)	ź
For further information concerning this matter, please call:	
Debra Compton at (850) 222-1882  Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Proceedings Clark Control of Corporations Tallahassee, FL 32314 Tallahassee, FL 32314 Tallahassee, FL 32301	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ComptonFood		、 豊 へ	
(Name of the Limited Liab (A Flor	bility Company as it now appears or ida Limited Liability Company)	n our records.)	
,	,,,,,,,,,,,,,,		
The Articles of Organization for this Limited Liabili	ty Company were filed on _ 4 -	25-12 and assigned	
Florida document number L120005555	<u>&amp;&amp;_</u> .		
This amendment is submitted to amend the following	g:	2017	
A. If amending name, enter the new name of the	limited liability company here:	ý	
,			
The new name must be distinguishable and end with the	words "Limited Liability Company,	"the designation "LLC" or the abbreviation	
"L.L.C."		ū	
Enter new principal offices address, if applicable			
(Principal office address MUST BE A STREET AL	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	2		
B. If amending the registered agent and/or re registered agent and/or the new registered office a		records, enter the name of the new	
registered agent and/or the new registered office a	audress here:		
Name of Nau Projectand Acous			
Name of New Registered Agent:			
New Registered Office Address:	P .	r!	
	Enter Florida street address		
_	<i>Q</i> :	, 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, 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> <u>Address</u> Type of Action MGRM 102 Beechwood Drive ☐ Add Remove Remove  $\square$ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 22 Dated \_  $\sigma$ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00