

L12000099841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

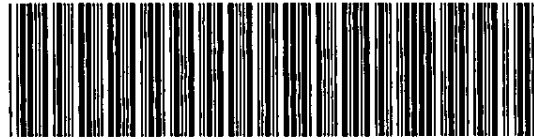
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

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AND  
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MAR 28 2016  
J. HARRIS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SOUTHERN WATERFOWL SUPPLY, 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:

W. CHASE WATKINS

Name of Person

SOUTHERN WATERFOWL SUPPLY

Firm/Company

2910 KERRY FOREST PKWY DY-SUITE 426

Address

TALLAHASSEE, FL 32309

City/State and Zip Code

CHASE@SOUTHERNWATERFOWLSUPPLY.COM

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

For further information concerning this matter, please call:

CHASE WATKINS

Name of Person

at ( 850 )

Area Code

508-2720

Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" 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**

SOUTHERN WATERFOWL SUPPLY, 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 08/02/2012 and assigned Florida document number L12000099841.

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)

2910 KERRY FOREST PKWY  
04-SUITE 426  
TALLAHASSEE, FL 32309

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2910 KERRY FOREST PKWY  
04-SUITE 426  
TALLAHASSEE, FL 32309

**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:

W. Chase Watkins

New Registered Office Address:

2910 KERRY FOREST PKWY 04-SUITE  
Enter Florida street address  
TALLAHASSEE, Florida 32309  
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 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.

W. C. Watkins  
If Changing Registered Agent, Signature of New Registered Agent

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If terminating 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>
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MGRM	RYAN W. LAWSON	5019 METZKE LN.	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGRM	ROBERT J. CARTER	5019 METZKE LN.	<input type="checkbox"/> Add
		TALLAHASSEE, FL 32303	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

MGRM	W. CHASE WATKINS	2910 KERRY FOREST PKWY	<input checked="" type="checkbox"/> Add
		D4-SUITE 426	<input type="checkbox"/> Remove
		TALLAHASSEE, FL 32309	<input type="checkbox"/> Change

MGRM	D. COY COOK	2910 KERRY FOREST PKWY	<input checked="" type="checkbox"/> Add
		D4-SUITE 426	<input type="checkbox"/> Remove
		TALLAHASSEE, FL 32309	<input type="checkbox"/> Change

			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input 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.)*

[illegible]

E. Effective date, if other than the date of filing: 2/20/2016 (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.

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 2/20/2016, 2016

W. C. Waller

Signature of a member or authorized representative of a member

W. CHASE WATKINS

Typed or printed name of signee

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