

U2000115777

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

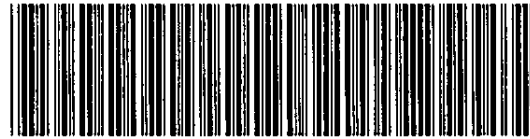
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100251445761

09/11/13--01027--015 **25.00

FILED
2013 SEP 11 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 12 2013
T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Barnyard Family Restaurant 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:

John S. Strickland

Name of Person

Barnyard Family Restaurant LLC

Firm/Company

7629 SW US Hwy 27

Address

Fort White, FL 32038

City/State and Zip Code

Stuart@jsstrickland.com

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

For further information concerning this matter, please call:

John Strickland

Name of Person

at (321) 689-7832

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 SEP 11 PM 12:38

FILED

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**

Barn Yard Family Restaurant 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 9/10/2012 and assigned Florida document number L12000115777.

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 end with 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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

22203 NW 198th Ave
High Springs, FL 32643

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:

Charles Jacobs SR.

New Registered Office Address:

22203 NW 198th Ave

Enter Florida street address

High Springs

City

Florida

32643

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.

x Charles Jacobs
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

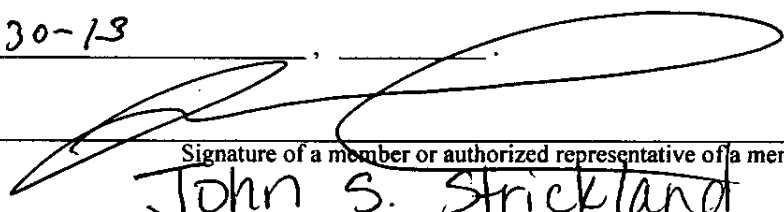
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John Strickland	487 SW Crownhill Ct Fort White, FL 32038	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Charles Jacobs sr.	22203 NW 198th Ave High Springs, FL 32643	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Dr. Fredrick Jacobs	22203 NW 198th Ave High Springs, FL 32643	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Linda Jacobs	22203 NW 198th Ave High Springs, FL 32643	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2011
PM 12:38
FEB 10

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated ☒ 9-30-13

☒ 

Signature of a member or authorized representative of a member

John S. Strickland

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 11 PM 12:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED