

L1300074399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

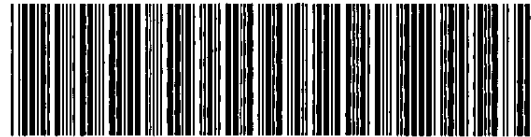
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

JUL 07 2017

J SHIVERS

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Fisherman's Corner 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:

Victor C. Franck

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

7318 Augusta Pines Drive

\_\_\_\_\_  
Address

Spring, TX 77389

\_\_\_\_\_  
City/State and Zip Code

vicfranck@att.net

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

For further information concerning this matter, please call:

Vic Franck

201 637-9505  
at ( )

\_\_\_\_\_  
Name of Person

Area Code

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**

Fisherman's Corner 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 May 21, 2013 and assigned  
Florida document number L13000074399.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Fisherman's Corner Holdings, LLC

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:**

13486 Perdido Key Drive

**(Principal office address MUST BE A STREET ADDRESS)**

Pensacola, FL 32507

**Enter new mailing address, if applicable:**

616 Lost Key Drive

**(Mailing address MAY BE A POST OFFICE BOX)**

603A

Pensacola, FL 32507

**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:

New Registered Office Address:

*Enter Florida street address*

*City*, Florida

17 JUL -6 AM 7:21  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

**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.*

**If Changing Registered Agent, Signature of New Registered Agent**

If amending 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>
MGR	James W. Green	616 Lost Key Drive	<input checked="" type="checkbox"/> Add
		603A	<input type="checkbox"/> Remove
		Pensacola, FL 32507	<input type="checkbox"/> Change
MGR	Perdido Key Investments, LLC	7318 Augusta Pines Dr	<input type="checkbox"/> Add
		Spring, TX 77389	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

[illegible]

**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.

Dated June 29, 2017

*Mr. Green*  
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

James W. Green

Typed or printed name of signee

on the eastern of: