

L13000172065

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

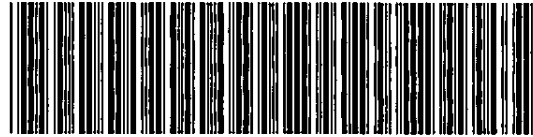
(Business Entity Name)

(Document Number)

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2014 JAN 29 AM 11:19  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

N. Culligan

JAN 29 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: De's Lunch Box 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:

Mary D. Albritton-Coy  
Name of Person

De's Lunch Box LLC  
Firm/Company

1587 Blue Creek Rd.  
Address

Ponce De Leon, FL. 32455  
City/State and Zip Code

d.albritton@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mary D. Albritton-Coy at (850) 836-4524  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 15, 2014

MARY ALBRITTON-COY  
1587 BLUE CREEK ROAD  
PONCE DE LEON, FL 32455

SUBJECT: DE'S LUNCH BOX LLC  
Ref. Number: L13000172065

We have received your document for DE'S LUNCH BOX LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date must be specific and cannot be prior to the date of filing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 714A00001039

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED

2014 JAN 29 AM 11:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

De's Lunch Box 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 \_\_\_\_\_ and assigned  
Florida document number L13000172065

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)

3835 Peanut Road  
Gattondale, FL. 32431

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1587 Blue Creek Rd.  
Ponce De Leon, FL. 32455

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:

Mary D. Albritton-Coy

New Registered Office Address:

1587 Blue Creek road

*Enter Florida street address*

Ponce De Leon

Florida

32455

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.

Mary D. Albritton-Coy  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Timothy W. Coy	1587 Blue Creek Rd	<input type="checkbox"/> Add
		Ponce De Leon, FL.	<input checked="" type="checkbox"/> Remove
		32455	

MGR	Mary D Albritten-Coy	1587 Blue Creek Rd	<input checked="" type="checkbox"/> Add
		Ponce De Leon, FL 32455	<input type="checkbox"/> Remove

			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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E. Effective date, if other than the date of filing: 2-3-2014 (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Feb 3, 2014

Mary D. Albritton-Coy

Signature of a member or authorized representative of a member

Mary D. Albritton-Coy

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA