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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: JMC FOOD COMPANY, 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:

Jay W. Livingston, Esq.

Name of Person

Livingston & Sword, P.A.

Firm/Company

2561 Moody Boulevard, Suite B

Address

Flagler Beach, Florida 32136

City/State and Zip Code

jay.livingston314@gmail.com

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

For further information concerning this matter, please call:

Jay W. Livingston

Name of Person

at (386) 439-2945

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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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TALLAHASSEE, FLORIDA

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Page 1 of 3

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>
AMBR	Matthew Crews	P.O. Box 1209	<input checked="" type="checkbox"/> Add
		Bunnell, Florida 32110	<input type="checkbox"/> Remove
AMBR	Joseph Rizzo	17 Maple Street	<input checked="" type="checkbox"/> Add
		Flagler Beach, Florida 32136	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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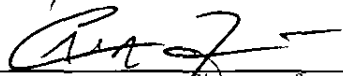
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: _____ (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 February 14th, 2014.



Signature of a member or authorized representative of a member

Christopher S. Zwiern

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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