

# L14000034232

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : BALCH & BINGHAM  
Account Number : 120010000084  
Phone : (904) 393-9000  
Fax Number : (904) 396-9001

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: TGraham@flexngate.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
US CULINARY AND BEVERAGE, LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 04      |
| Estimated Charge      | \$25.00 |

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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H140002520093

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

US Culinary and Beverage, 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 February 27, 2014 and assigned  
Florida document number L14000034232.

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)

**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:

Gresham R. Stoneburner

New Registered Office Address:

841 Prudential Drive, Suite 1400

Enter Florida street address

Jacksonville

Florida 32207

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.*

Gresham R. Stoneburner  
If Changing Registered Agent, Signature of New Registered Agent

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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          | Thomas D. Clarkson | 1012 Edgewood Avenue South  | <input checked="" type="checkbox"/> Add    |
|              |                    | Jacksonville, Florida 32205 | <input type="checkbox"/> Remove            |
| MGR          | Tom Rykalsky       | 1012 Edgewood Avenue South  | <input type="checkbox"/> Add               |
|              |                    | Jacksonville, Florida 32205 | <input checked="" type="checkbox"/> Remove |
| MGR          | Mike Zimmerman     | 1012 Edgewood Avenue South  | <input type="checkbox"/> Add               |
|              |                    | Jacksonville, Florida 32205 | <input checked="" type="checkbox"/> Remove |
|              |                    |                             | <input type="checkbox"/> Add               |
|              |                    |                             | <input type="checkbox"/> Remove            |
|              |                    |                             | <input type="checkbox"/> Add               |
|              |                    |                             | <input type="checkbox"/> Remove            |
|              |                    |                             | <input type="checkbox"/> Add               |
|              |                    |                             | <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: \_\_\_\_\_ (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 October 28 2014



Signature of a member or authorized representative of a member

Thomas D. Clarkson

Typed or printed name of signee

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