

(Re	questor's Name)	
(Ad	dress)	
*		
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
(•
	_	
PICK-UP	☐ WAIT	MAIL
		
/Du	siness Entity Nar	70)
(Du	Siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
opecial instructions to	i iling Onicei.	Ì

Office Use Only



600269144366

02/09/15--01024--026 **75.00



A Milers FEB 1 7 2015

STONEBURNER BERRY PURCELL & CAMPBELL, P.A.

200 W. Forsyth Street, Suite 1610 Jacksonville, Florida 32202

Gresham R. Stoneburner

gstoneburner@jaxlawgroup.com

Direct: (904) 930-4083 Fax: (904) 930-4081

February 6, 2015

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Gentlemen:

Please find enclosed Articles of Amendment to the Articles of Organization (amending the office address of the registered agent), for the following entities:

US Culinary and Beverage, LLC Casework of America, Inc. Edgewood Bakery, LLC

Also enclosed is our firm's check, payable to the Florida Division of Corporations, in the amount of \$75.00, representing the \$25.00 filing fee for each of the above.

If you have any questions, please feel free to contact me.

Thank you for your assistance.

Yours very truly,

Gresham R. Stoneburner

, Dresham R Stoneburner hay

GRS/raf Encl.

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: US	Name of Lin	Beverage, LL mited Liability Company	
The enclosed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please return all correspo	ondence concerning this matter	r to the following:	
	Stoneburner 200 West	Name of Person Berry Purcell D Co Firm/Company Forsythe Sweet Address I le Floridu 3 City/State and Zip Code Of Lexing cute of to be used for future annual report notifi	emptoll, PA
For further information c	oncerning this matter, please c	, •	
Gresham S	toneburner	at (904) 93	0-4083
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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

(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears on our records.) oility Company)
The Articles of Organization for this Limited Liability Company we	ere filed on Fe bucin 2, 2011 and assigned
Florida document number <u>L14 0 00034232</u> ,	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabilit	y company here:
The new name must be distinguishable and end with the words "Limited Liability	y 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)	
-	20 J
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
-	in a sil
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on our records, enter the name of the new
Name of New Registered Agent: Greshon	m R. Stoneburner
New Registered Office Address: 200 L	Jest fursyth Street, Suite 1611

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 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:

<u>Title</u>	<u>Name</u>		Address	Type of Action
		_		□ Add
				☐ Remove
				Add
			·	
		·		□ Remove
		_		□ Add
	•			☐ Remove
•			****	7.0
				☐ Remove
				95 5
	<u> </u>			□ Add
				□ Remove
				□ Add
				
				☐ Remove

	·
_	
	
tive da	te, if other than the date of filing: (optional)
ite this d	te, if other than the date of filing:(optional) ate must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after accument is filed by the Florida Department of State)
ate this d	te, if other than the date of filing:
late this d	ocument is filed by the Florida Department of State)

Page 3 of 3

Filing Fee: \$25.00

15 FEB -9 PM 2: 57