

L14000068240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

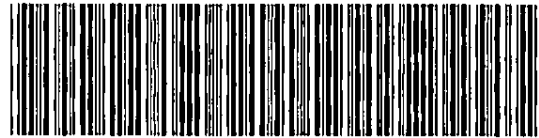
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2019 FEB 14 PM 2:08
CLERK OF COURT

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FEB 14 2019
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TOBY'S ULTIMATE BEEF SNACKS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JACOBUS WOLMARANS
Name of Person

TOBY'S ULTIMATE BEEF SNACKS LLC
Firm/Company

37926 CHURCH AVE, # 873
Address

DADE CITY, FLORIDA, 33526
City/State and Zip Code

ADMIN@TOBYSBUTCHERSHOP.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JACOBUS WOLMARANS at (888) 626-0443
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input checked="" type="checkbox"/> \$25 Filing Fee | <input type="checkbox"/> \$30 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55 Filing Fee &
Certified Copy | <input type="checkbox"/> \$60 Filing Fee,
Certificate of Status &
Certified Copy |
|---|---|--|--|



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 1, 2019

JACOBUS WOLMARANS
37926 CHURCH AVE #873
DADE CITY, FL 33526

SUBJECT: TOBY'S ULTIMATE BEEF SNACKS LLC
Ref. Number: L14000068240

We have received your document for TOBY'S ULTIMATE BEEF SNACKS 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 form you submitted is for a Florida Profit Corporation, but your entity is a Florida Limited Liability Company. Please complete and return the enclosed blank form(s).

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 119A00002382

RECEIVED

2019 FEB 14 PM 12:20

SECRET
CALL

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

TORY'S ULTIMATE BEEF SNACKS 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 04/18/14 and assigned Florida document number L14 0000 68240.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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	CHARLOTTE Wdmarans	37926 Church AVE	<input type="checkbox"/> Add
		# 873, DADE CITY	<input checked="" type="checkbox"/> Remove
		FL, 33526	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Blank lined area for amendments.

E. Effective date, if other than the date of filing: 02/01/19 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated February 1st, 2019.


Signature of a member or authorized representative of a member

JACOBUS WOLMARANS
Typed or printed name of signee