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K.SALY EXAMINER JAN 25

COVER LETTER

Division of Cor			
SUBJECT: BOBBY	Y'S LLC		
	Name of Lim	ited Liability Company	.
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Geni I	Doyle	
		Name of Person	
	Regist	ered Agent	
		Firm/Company	.
	РОВо	ox 238	
	•	Address	
	San Ai	ntonio, FL 33576	
	geni@:	City/State and Zip Code mycertifiedcontractor.com	
	E-mail address: (to be used for future annual report notif	ication)
For further information c	oncerning this matter, please co	all:	
Robert Waltermin	re	at (850) 502-734	9
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	ne 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

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BOBBY'S SEAFO	OOD LLC	r.\$40)	F1412: 47
	d Liability Company as it now app (A Florida Limited Liability Company	ears on our records.)	TASSÉE, FLORID;
The Articles of Organization for this Limited Li	ability Company were filed on		and assigned
Florida document number <u>L14000139543</u>			
This amendment is submitted to amend the follow	owing:		
A. If amending name, enter the new name of	the limited liability company	here:	
BOBBY'S LLC			
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the	designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applica	ahla:		
• •			
(Principal office address MUST BE A STREE	I 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	r the name of the ne
registered agent and/or the new registered of		<u> </u>	<u> </u>
Name of New Registered Agent:	GENI DOYLE		
	6156 MERRIFIELD DRI	VE	
New Registered Office Address:	Photos F	2	
		lorida street address	22541
	ZEPHYRHILLS	, Florida	33541
	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: FILED MGR = Manager AMBR = Authorized Member 2016 JAN 21 PM 12: 47 Type of Action **Title** <u>Name</u> **Address** TALLAHASS<u>FE, FLORIF</u> _□ Add _□ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add □ Remove ☐ Change □ Add ☐ Remove ☐ Change

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	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlied of the record is filed.	er (
ed _	1-12 , 2016 .	
	Signature of a member or authorized representative of a member	

Page 3 of 3

Filing Fee: \$25.00