

U15000125681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 OCT 28 PM 12:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JAN 06 2016

S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2015

CHEDELINE NOEL
1975 SKJ LAND GLENN DRIVE
SNELLVILLE, GA 33078

SUBJECT: THE FRESH FOOD STUDIO, LLC
Ref. Number: L15000125681

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for THE FRESH FOOD STUDIO, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6051.

Shelia H Young
Regulatory Specialist II

Letter Number: 615A00022950

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Fresh Food Studio
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:

Chedeline Noel
Name of Person

the Fresh Food Studio
Firm/Company

1975 Skyland Glenn drive Snellville GA 33078
Address

Snellville Georgia 33078
City/State and Zip Code

Vale's Noel 799mail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vale's Noel at (305) 572-3225
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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**

The Fresh Food Studio

(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 07/22/2015 and assigned Florida document number L15000125681.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Citadel United LLC per Chedeline Noel 1/6/16

The new name must be distinguishable and contain 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)

9975 Sky Land Glen Drive
Shellville GA 30781

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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ESTATE
SUCCESSION
TAX DIVISION

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SECRET
STATE
TREASURY

(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)

Dated 10-23-2015, ✓

0-28-2015, _____

 Signature of a member or authorized representative of a member

chedeline Noël
Typed or printed name of signee