

116000008585

(Requestor's Name)

(Address)

(Address)


(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

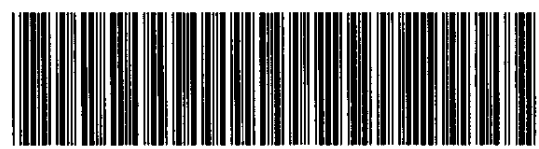
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer: 

Office Use Only



800289958788

09/19/16--01014--004 **25.00

FILED
2016 SEP 19 AM 9:42
CLERK OF STATE
TALLAHASSEE FL 32309

M. MILLIGAN
SEP 23 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Rhodes Old-Fashioned Meat Market LLC

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:

Devon Donaldson

Name of Person

GeoDev Financial Group

Firm/Company

120 S Anoka Ave

Address

Avon Park, FL 33825

City/State and Zip Code

dpd@geodevinc.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Devon Donaldson

863 453-2335
at ()

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**

Rhodes Old-Fashioned Meat Market 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 1/12/2016

Florida document number 116000008585

This amendment is submitted to amend the following:

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

NA

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:

NA

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

NA

(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:

NA

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	Howard W Pearson	6124 Banyan Rd	<input checked="" type="checkbox"/> Add
		Sebring, FL 33875	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kelly R Pearson	303 Swallow Ave	<input checked="" type="checkbox"/> Add
		Sebring, FL 33870	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

NA

Dated

8.25

16

Kelly Plante
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Kelly R Pearson

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2015 SEP 19 AM 9:42