

116000120266

(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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Office Use Only



000334358190

10/29/19--01004--008 **5.00

09/25/19--01014--017 **55.00

FILED
2019 OCT 29 AM 9:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SULKER

OCT 30 2019



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 10, 2019

TEAM LOVE SEAFOOD LLC
2220 CR210 W STE 108
ST JOHNS, FL 32259

SUBJECT: TEAM LOVE SEAFOOD LLC
Ref. Number: L16000120266

We have received your document for TEAM LOVE SEAFOOD LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application you submitted is for RA change only.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 619A00020887

X We have enclosed the additional \$5 to cover the FID Fee
Thank you

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Team Love Seafood 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:

J'Brion Anderson
Name of Person

Team Love Seafood LLC
Firm/Company

2220 County Rd 210 West Ste 108 #122
Address

Jacksonville, FL 32259
City, State and Zip Code

business@teamloveseafood.com / briananderson6@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

J'Brion Anderson at (904) 392 9834
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
2601 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Team Love Seafood 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 6/22/16 and assigned
Florida document number L 16000120266.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9501 Arlington Expressway
FC #1
Jacksonville, FL 32225

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:

J'Brion Anderson

New Registered Office Address:

9501 Arlington Expressway FC #1
(Enter Florida street address)
Jacksonville, Florida 32225
City Zip Code

FILED
2016 OCT 29 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

J'Brion Anderson

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	Bobby Love	220 County Rd 210 West	<input type="checkbox"/> Add
		108 #122	<input checked="" 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
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

1

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.

Dated October 22nd 2019

J'Brion Anderson
Typed or printed name of signer