

L16000143486

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

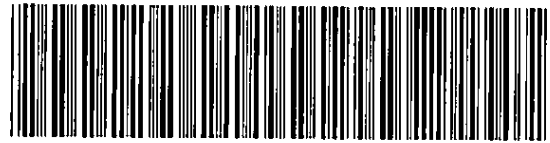
(Business Entity Name)

(Document Number)

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2019 JUN 11 A 9:18

06/12/19--01001--015 **30.00

CLERK OF CIRCUIT COURT
JUDICIAL CIRCUIT IN AND FOR
STATE OF FLORIDA

19 JUN 11 PM 4:45

RECEIVED

D SCOTT

JUN 11 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Florida Gulf Panacea Oysters 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:

Skipper Bay Oyster Co., LLC
Name of Person

79 M. Hudson
Firm/Company
Address

Crawfordville, FL 32327
City/State and Zip Code

lisadanzey@msn.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bob Danzey at (850) 509-9090
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

FILED
2008 JUN 11 A 9 13

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

Florida Gulf Panacea Oysters, 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 08/01/16 and assigned Florida document number L16000143486.

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)

79 M. Hudson Rd.
Crawfordville, FL
32327
FL
32327
FL

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:

Skipper Bay Oyster Co., LLC

New Registered Office Address:

79 M. Hudson Rd.

Enter Florida street address

Crawfordville

Florida

32327

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.


Rob Deegan

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>
AMBR	Verny Moore	369 Bottoms Rd.	<input type="checkbox"/> Add
		Panacea, FL. 32346	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Skipper Bay Oyster Co, LLC	79 M. 7 Hudson Rd.	<input checked="" type="checkbox"/> Add
		Crawfordville, FL. 32327	<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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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2013 JUN 11 AM 11:40

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(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

Dated June 11, 2019

Signature of a member or authorized representative of a member

Bob Danzey
Typed or printed name of signee