

L16000153859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800290269888

FILED
2016 SEP 19 AM 10:11
CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
DEPARTMENT OF STATE
16 SEP 19 PM 12:16

K. SALT
EXAMINER
SEP 20

Wolters Kluwer (put in Sunshine Corp Box)

850-656-4724

Account # FCA 0000000 23

Entity Name:

Doc Number:

TLJL, LLC

Thank you!

Please file and return plain copy

<input checked="" type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
Articles/Amends		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
<input type="checkbox"/> Mail Out		

Availability _____

Document

Examiner _____

Updater _____

Verifier _____

W.P. Verifier _____

9/15/2016

Order#: 10160545

Ref#: _____

Amount: \$ \$ 25.00

RECEIVED
DEPARTMENT OF STATE
16 SEP 15 PM 3:46

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: TLJL, 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:

Kathy Manson

Name of Person

Link Snacks, Inc

Firm/Company

110 North Fifth Street, Suite 700

Address

Minneapolis, MN 55403

City/State and Zip Code

Kathleen.manson@jacklinks.com

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

For further information concerning this matter, please call:

Kathy Manson

Name of Person

at (612)

Area Code

334-7493

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

FILED
2016 SEP 19 AM 10:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TLJL, 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 08/17/2016 and assigned
Florida document number L16000153859.

This amendment is submitted to amend the following:

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

LMB 2, LLC

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:

991 East Sample Road

(Principal office address MUST BE A STREET ADDRESS)

Pompano Beach, FL 33064

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

City, Florida

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>
AMBR	Troy John Link	One Snack Food Way	<input type="checkbox"/> Add
		Minong, WI 54859	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Troy Link Revocable Trust	PO Box 579	<input checked="" type="checkbox"/> Add
		Minong, WI 54859	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2016 SEP 19 AM 10:11
FILED
CLERK OF COURT
JAIL

2016-27
SECRETARY OF STATE
ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 08-14-2016 BY 60322
UCBAW

FILED
SEP 19 AM 10:11
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

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 September 14, 2016.

Typed or printed name of signee