

L16000191572

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10/24/16--01016--022 **25.00

16 OCT 24 AM 9:50

FILED
IN THE
CLERK OF SUPERIOR COURT

OCT 26 2016
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMENDMENT OF ARTICLES: DELETE "F & G" ; instead
Name of Limited Liability Company

replace/substitute with
"F & B" so that accurate name
reflected as "F & B SeaFood
LLC"

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ERIC H. FADDIS

Name of Person

F & B SeaFood LLC

Firm/Company

545 Drury Ave., Bldg #1

Address

Orlando, FL 32801

City/State and Zip Code

eric@faddisandfaddis.com

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

For further information concerning this matter, please call:

Veronica

Name of Person

at (407) 872-1050

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**

F & G SEAFOOD ~~LLC~~ 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 10/17/16 and assigned
Florida document number L16000191572.

This amendment is submitted to amend the following:

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

"F & B SeaFood 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: n/a

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: n/a

(Mailing address MAY BE A POST OFFICE BOX)

FILED
16 OCT 24 AM 9:50
CLERK OF CIRCUIT COURT
IN AND FOR THE STATE OF FLORIDA

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: n/a

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.

n/a
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>
MNG MGR	ERIC H. FADDS	545 Delaney Ave, Bldg. 1 Orlando, FL 32801	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Change
MNG MGR	DAVID K. BRAGDON	839 Laurel Drive Rockledge, FL 32955-4115	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" 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

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CLERK OF SUPERIOR COURT
JAMES E. STAFF

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

(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)

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.

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

(b) The 90th day after the record is filed.

Dated

10/21/16

[Signature]

Signature of a member or authorized representative of a member

ERIC H. FOSTER

Typed or printed name of signee

FILED
U.S. DEPT OF STATE
WASHINGTON, D.C. 20520
16 OCT 24 AM 9:50