

L16000213350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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MAY 16 2017
S. YOUNG

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
17 MAY 15 PM 3:05

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Leigh Leigh's Veggie Brands LLC
Name of Limited Liability Company
L16000213350

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

Please return all correspondence concerning this matter to the following:

Katherine Shrock
Name of Person

Leigh Leigh's Veggie Brands
Firm/Company

5020 Clark Road, #153
Address

Sarasota FL 34233
City/State and Zip Code

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

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TALLAHASSEE, FLORIDA
17 MAY 2011
PM 3:05

For further information concerning this matter, please call:

Katie Shrock at (321) 217-4661
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**

(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 11/21/2016 and assigned Florida document number 476000213350

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) _____

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: _____

5020 Clark Road, #153
Enter Florida street address

Sarasota, Florida 34233
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

Title	Name	Address	Type of Action
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MGR	Michael W. Schenk	5020 Clark Road	☐ Add
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		Sarasota FL 34233	☒ Remove
--	--	-------------------	--

			☐ Change
--	--	--	---------------------------------

MGR	Jennifer L Schenk	5020 Clark Road	☐ Add
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		Sarasota FL 34233	☒ Remove
--	--	-------------------	--

			☐ Change
--	--	--	---------------------------------

PRES	Katherine E Shrock		☐ Add
------	--------------------	--	------------------------------

			☐ Remove
--	--	--	---------------------------------

		5020 Clark Road, #153	☒ Change
		Sarasota FL 34233	☐ Add

			☐ Remove
--	--	--	---------------------------------

			☐ Change
--	--	--	---------------------------------

			☐ Add
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			☐ Remove
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			☐ Change
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			☐ Add
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			☐ Remove
--	--	--	---------------------------------

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

REMOVE:

MGR Michael W. Schenk

5020 Clark Road

Sarasota FL 34233

REMOVE:

MGR Jennifer L. Schenk

5020 Clark Road

Sarasota FL 34233

Change:

Principal & Registered Agent

Address to:

5020 Clark Road, #153

Sarasota FL 34233

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TALLAHASSEE, FLORIDA
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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 605.020(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

May 11, 2017

Katherine E. Shrock

Signature of a member or authorized representative of a member

Katherine E. Shrock

Typed or printed name of signee