L17000045933

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phone	; #)
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COVER LETTER

TO:	Registration Se Division of Cor			_* * * * * * * * * * * * * * * * * * *
SUBJE		ty Grocery and grill Llc		
SUBJE	C1:	Name of Lim	ited Liability Company	
The enc	closed Articles of .	Amendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		calvin christian		
			Name of Person	
		Fellsmerecity Grocery and	Grilkl Llc	
		Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. prrespondence concerning this matter to the following: calvin christian Name of Person Fellsmerecity Grocery and Grilkl Lle Firm/Company 10725 standing stone dr Address Wimauma , Florida 33598 City/State and Zip Code CALVIN.CHRISTIAN93@YAHOO.COM E-mail address: (to be used for future annual report notification) ation concerning this matter, please call: FIAN Same of Person Area Code Daytime Telephone Number k for the following amount: Fee \$50.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee.		
		10725 standing stone dr		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Wimauma , Florida 33598		
			City/State and Zip Code	
		_		
		E-mail address: (to be used for future annual report notif	ication)
For furt	her information co	oncerning this matter, please ea	all:	
CALV	IN CHRISTIAN			
	Name of	f Person	Area Code Daytimo	Telephone Number
Enclose	d is a check for th	ne following amount:		
☐ \$ 25	5.00 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	v-	Street Address	

Mailing Address:
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



RECEIVED

2022 APR 12 PM 12: 04

SECRETARY OF STATE TALLAHASSEE, FL

March 11, 2022

CALVIN CHRISTIAN 10725 STANDING STONE DRIVE WIMAUMA, FL 33598

SUBJECT: FELLSMERECITY GROCERY AND GRILL, LLC

Ref. Number: L17000045933

We have received your document for FELLSMERECITY GROCERY AND GRILL, 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):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 522A00005818

Claretha Golden Regulatory Specialist II

www.sunbiz.org

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR 12 PM 12: 59

FELLSMERECITY GROCERY AND GRILL LLC

(Name of the Limited Liability Company as it now appears on our records.)

TALE AMASSEE, FATE

	• • •	THE MILLS SEE, FL
The Articles of Organization for this Limited Li	iability Company were filed on 02/27/2017	and assigned
Florida document number L17000045933	 ·	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name of	f the limited liability company here:	
CCCHRISTIAN LLC		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:	
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	2010	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or r	registered office address on our records, ente	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or r	registered office address on our records, ente	
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or ragent and/or the new registered office address	registered office address on our records, ente	r the name of the new register
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, ente	r the name of the new register
(Mailing address MAY BE A POST OFFICE B. If amending the registered agent and/or ragent and/or the new registered office address Name of New Registered Agent:	registered office address on our records, entess here: Enter Florida street address	r the name of the new register

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>	Address	Type of Action
			□Add
			Remove
			□Change
			□Add
			Remove
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fective date, if other than the meffective date is listed, the date meter. If the date inserted in this between	e date of filing state the specific and place does not	ig: kl cannot be pri meet the appl	or to date of filin	g or more than 90 v filing requiren	(optional) days after filing.) nents, this date v	Pursuant to 605.02 vill not be listed:
cument's effective date on the l	Department of	State's record	ls.			
ecord specifies a delayed effecti is filed.	ve date, but no	ot an effective	time, at 12:01	a.m. on the earl	ier of: (b) The	90th day after th
ted		CCC				
	06	7	_			
	/V					
	Signature of a	member or au	thorized represen	ntative of a memb	er .	

Filing Fee: \$25.00