

L17000150774

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

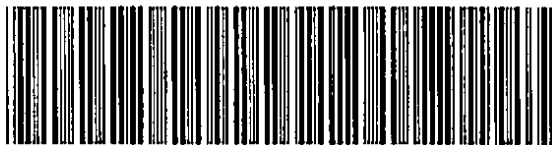
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA
SOUTH FLORIDA

S. WARREN

AUG 07 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Broussard's of Naxarre Beach, 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:

Carl Broussard

Name of Person

Firm/Company

Address

City/State and Zip Code

carl@cajunspecialtymeats.com

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

For further information concerning this matter, please call:

Carl Broussard

850

393-6816

at ()

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

Broussard's of Navarre Beach, LLC

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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>
MGR	Carl J Broussard	1346 Mazurek Blvd	<input type="checkbox"/> Add
		Pensacola, FL 32514	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Kenneth J Hattaway	1346 Mazurek Blvd	<input checked="" type="checkbox"/> Add
		Pensacola, FL 32514	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Blank lined area for amending information.

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

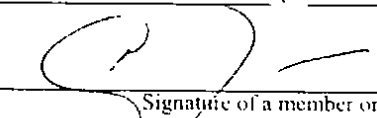
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 7/31/17



Signature of a member or authorized representative of a member

CARL J BROUSSARD

Typed or printed name of signee

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TALLAHASSEE FLORIDA
DEPARTMENT OF STATE