

L190000 64 055

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900327225649

04/08/19--01014--014 ♦\$25.00

R. WHITE
APR 15 2019

FILED
2019 APR -8 PM 3:05
CLERK OF COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FULL FLAVOR BBQ CATERING AND FUNDRAISING 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:

LASHUNIA FRAZIER

Name of Person

FULL FLAVOR BBQ CATERING AND FUNDRAISING LLC

Firm/Company

PO BOX 831056

Address

OCALA FL 34483

City/State and Zip Code

lashuniafrazier@gmail.com

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

For further information concerning this matter, please call:

LASHUNIA FRAZIER

352 286-1071
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

FILED

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

Page 1 of 3

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>
AR	LASHUNIA FRAZIER	8 REDWOOD RUN CT OCALA, FL. 34483	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	LASHUNIA FRAZIER	8 REDWOOD RUN CT OCALA, FL. 34483	<input checked="" 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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

OWNER #1, DARIEN FRAZIER WILL REMAIN: MGR

OWNER #2, LASHUNIA FRAZIER, WAS INITIALLY DESIGNATED: AR. PLEASE CHANGE MY DESIGNATION TO: MGR.

THANK YOU!

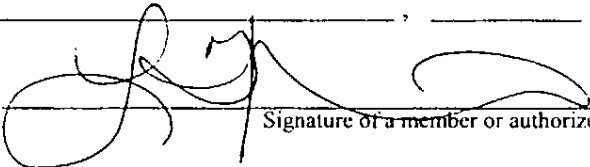
E. Effective date, if other than the date of filing: _____ **(optional)**

(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 APRIL 5, 2019



Signature of a member or authorized representative of a member

LASHUNIA T. L. FRAZIER

Typed or printed name of signer