

L19000171579

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

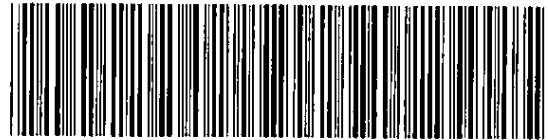
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600332178076

08/06/19--01013--025 **25.00

2019 AUG - 6 PM 4: 22
SECRETARY OF STATE
TALLAHASSEE, FL 32311

FILED

19 AUG - 6 PM 12: 55

RECEIVED

2019 AUG - 6 PM 12: 55
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

C. GOLDEN

AUG - 6 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CJS SEAFOOD COMPANY 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:

FRANK SMITH

Name of Person

FMS LAWYER PL

Firm/Company

9900 STIRLING ROAD, SUITE 226

Address

COOPER CITY, FLORIDA 33024

City/State and Zip Code

FRANK.SMITH@FMSLAWYER.COM

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

For further information concerning this matter, please call:

FRANK SMITH

954 414-4625
at ()
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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FILED

2019 AUG -6 PM 4:22

CJ'S SEAFOOD COMPANY LLC

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

~~SECRETARY OF STATE~~
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 7/1/2019 and assigned
Florida document number L19000171579.

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:

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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

[illegible]

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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.

Dated August 5

2019

Signature of a member or authorized representative of a member

PETER TILQUIST, MANAGER

Typed or printed name of signee