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## **COVER LETTER**

Division of C			•
	FOOD LLC.	. •	
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
20 1 1 1 2 1 1	CA The second of Carlo San and	minut for films	
	of Amendment and fee(s) are sub		
Please return all corres	spondence concerning this matter	to the following:	
	JOE ANN NIXON		
		Name of Person	
	FATSOS FOOD LLC		
	·	Firm/Company	
	2612 Sorrel Ridge Road		
		Address	
	Crestview, Fl. 32536		
	<u> </u>	City/State and Zip Code	
	jonixon4@cs.com	to be used for future annual report notifi	ication)
For further information	n concerning this matter, please c		,
Joe Ann Nixon		423 280-1230	
Nam	e of Person	at () Area Code Daytime	Telephone Number
Fineloood is a chock for	r the following amount:		
☐ \$25.00 Filing Fee	☐ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	■ \$60.00 Filing Fee,
323.00 Tilling Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Add		Street Address:	
Registratio	n Section Corporations	Registration Sec Division of Corr	
i antistan of	L.OFDOTAHORS	DIVISION OF COR	JULATIUHS

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FATSOS FOOD LLC		
(Name of the Limited Liability Co (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on 1 June 2021	and assigned
lorida document number L21000252433		
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 L	ciability Company," the designation "LLC" of	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, <u>enter th</u>	e name of the new registe
Name of New Registered Agent:	<del></del>	
New Registered Office Address:	Enter Florida street address	
	, Flor	ida Zip Code
	City	LID COUC

## 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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Joe Ann Nixon	2616 Sorrel Ridge Road Crestview, Fl.32536	
			□Remove
			□Change
AMBR	George E. Nixon	2616 Sorrel Ridge Road Crestview, Fl. 32536	\ \exists Add
			□Remove
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Note: If the	ite, if other than the date is listed, the date me date inserted in this be effective date on the l	block does not me	eet the applicab	date of filing or more le statutory filing r	( <b>option</b> than 90 days after fi equirements, this c	i <b>al)</b> ling.) Pursuant to 605.020' date will not be listed as
the record spececord is filed.	ities a delayed effect	ive date, but not a	un effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
4 Jun Dated	2021					
	<u> </u>	1				
	<\\02.	1 / 244.	1	X/KW )	a member	

Filing Fee: \$25.00