

L220000064210

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

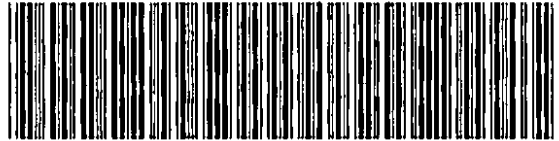
Certificates of Status _____

Special Instructions to Filing Officer:

RA FI street address

~~date~~ 4/2/13

Office Use Only



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05/27/22--01013--007 **25.00

2022 DEC 28 PM 8:21

Amend

DEC 28 2022

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The old fishbones deli 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:

Heidi Simpson
Name of Person

The Old Fishbones Deli LLC
Firm/Company

PO Box 285
Address

Cedar Key FL 32625
City/State and Zip Code

Kathleenwright1231@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heidi Simpson
Name of Person

at (352) 221-0581
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 Address:

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

RECEIVED
NOV 28 2011

2011 NOV 28 PM 3:49



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 12, 2022

HEIDI SIMPSON
THE OLD FISHBONES DELI, LLC
P.O. BOX 285
CEDAR KEY, FL 32625

SUBJECT: THE OLD FISHBONES DELI, LLC
Ref. Number: L22000064210

We have received your document for THE OLD FISHBONES DELI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 222A00018016



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2022

HEIDI SIMPSON
THE OLD FISHBONES DELI LLC
P.O. BOX 285
CEDAR KEY, FL 32625

SUBJECT: THE OLD FISHBONES DELI, LLC
Ref. Number: L22000064210

We have received your document for THE OLD FISHBONES DELI, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The designation of the registered agent must be at a Florida street address.

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.

Diane Cushing
Senior Section Administrator

Letter Number: 122A00028349

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

The Old Fishbones Deli, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 2/7/22 and assigned
Florida document number 122000064210

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 "LLC."

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:

Heidi Simpson

New Registered Office Address:

10870 SW 66th Place

Enter Florida street address

Cedars Key

City

Florida

32625

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.

Heidi Simpson

If Changing Registered Agent, Signature of New Registered Agent

[illegible]

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

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 November 21, 2022



Signature of a member or authorized representative of a member

Heidi Simpson

Typed or printed name of signee