## 123000/12174

(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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2023 FOV 13 PH 4: 32

CT 11/17/23

## **COVER LETTER**

Division of Corporations	
SUBJECT: Thomas Rib Shack 110	
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:	
,	
Teresa Thomas Name of Person	
Thomas Rib Shack LLC	
Tittlex, Attipany	
2921 NW 7th Street	
. 1441.00	
Pompino Biuch, FL 33069  City/State and Zip Code	
MICACLESEACH Clay e Jaho. Com  E-mail address: (to be used for futury annual report notification)	
For further information concerning this matter, please call:	
Tage Thomas 9511 -268, 9677	
TEresa Thomas at (954) 268-9677  Name of Person Area Code Daytime Telephone Number	_
Enclosed is a check for the following amount:	
☑ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & ☐ \$60.00 Filing F	
Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is	
Mailing Address: Street Address:	
Registration Section Registration Section	

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

TO: Registration Section

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



July 18, 2023

TERESA THOMAS 2921 NW 7TH STREET POMPANO BEACH, FL 33069

SUBJECT: THOMAS' RIB SHACK LLC

Ref. Number: L23000112174

We have received your document for THOMAS' RIB SHACK 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 correct the document number for the company.

The document must be signed by a member or an authorized representative of a member.

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.

Claretha Golden Regulatory Specialist II

Letter Number: 223A00016009

NOV 1 3 2023



October 25, 2023

TERESA THOMAS \*\*\*2ND MAILING\*\*\*
2921 NW 7TH STREET
POMPANO BEACH, FL 33069

SUBJECT: THOMAS' RIB SHACK LLC

Ref. Number: L23000112174

We have received your document for THOMAS' RIB SHACK 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):

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The document must be signed by a member or an authorized representative of a member.

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Letter Number: 223A00016009

Claretha Golden Regulatory Specialist II

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	' Rib 51		LLC	20231:5/13 Pi; 4:3
	Liability Company as it n Florida Limited Liability C		our records.)	
The Articles of Organization for this Limited Liab Florida document number <u>L23000</u>	ility Company were fil	ed on <u>3</u> /	<i> 3  2023</i> 3000	3 and assigned
This amendment is submitted to amend the follow				. ,
A. If amending name, enter the new name of th	ne limited liability con	npany here:		
The new name must be distinguishable and contain the word  Enter new principal offices address, if applicable  Principal office address MUST BE A STREET.	le:	any," the design	ation "LLC" or the	abbreviation "L.L.C."
Enter new mailing address, if applicable:  "Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or reg agent and/or the new registered office address		on our recor	ds, <u>enter the n</u>	ame of the new registered
Name of New Registered Agent:	Teresa	Then	NA 5	
New Registered Office Address:		Enter Florida si	reet address	
			Florida	Zip Code
	Ciņ·			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

	from our records:		
MGR = M AMBR = A	anager uthorized Member		
Tit <u>le</u>	<u>Name</u>	Address	Type of Action
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		· · · · · · · · · · · · · · · · · · ·	□Change
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□Remove

□Change

ffective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior to date of filing or  ore: If the date inserted in this block does not meet the applicable statutory fil  ocument's effective date on the Department of State's records.  Here or of specifies a delayed effective date, but not an effective time, at 12:01 a.m.  tis filed.	
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W/A ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m is filed.	ing requirements, this date will not be listed as
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1) ensa mom	$\alpha \mathcal{O}$
Signature of a member or authorized representati	ve of a member
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