

L2400078087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

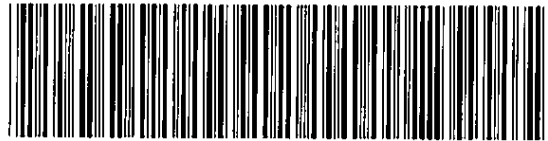
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

4085-Corp form

Office Use Only



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06/03/24 --01020--021 **52.50

07/18/24 --01005--019 **60.00

7/23/24
R Leathers

2024 JUL 15 11:57



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 23, 2024

WHITNEY M OTTENSEN *OTTENSEN*
175 DAHLIA FALLS DR
ST JOHNS, FL 32259

SUBJECT: COUSINS MAINE LOBSTER JACKSONVILLE-ST AUGUSTINE,
LLC
Ref. Number: L24000178087

We have received your document for COUSINS MAINE LOBSTER JACKSONVILLE-ST AUGUSTINE, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATIONS, but your entity is a LLC. Please complete and return the enclosed blank form(s).

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

✓CO. NOT AN ACCEPTABLE SUFFIX.

✓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) 245-6000.

Rebekah White
Regulatory Specialist III

Letter Number: 424A00011369

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COUSINS MAINE LOBSTER JACKSONVILLE-ST. AUGUSTINE, 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:

WHITNEY M. DITTESEN
Name of Person

COUSINS MAINE LOBSTER JACKSONVILLE-ST AUGUSTINE, LLC
Firm/Company

175 DAHLIA FALLS DR
Address

ST. JOHNS, FL 32259
City/State and Zip Code

MOTTESEN@COUSINSMAINELOBSTER.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WHITNEY M. DITTESEN at (904) 235-3157
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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

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

COUSINS MAINE LOBSTER JACKSONVILLE-ST. AUGUSTINE, 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 4/15/2024 and assigned Florida document number L24000178087.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

GRANNIE'S LOBSTER COMPANY, LLC
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)

N/A

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

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:

N/A

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.

N/A

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>	<u>Address</u>	<u>Type of Action</u>
<u>N/A</u>	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>N/A</u>	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>N/A</u>	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>N/A</u>	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
<u>N/A</u>	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

N/A

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 July 5, 2024

Signature of a member or authorized representative of a member

WHITNEY M. OTTESEN
Typed or printed name of signee