

M15000004944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

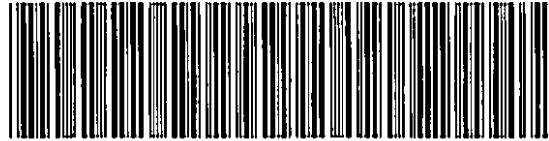
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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OFFICE OF STATE
NOTARIES PUBLIC
FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Casselberry SK, 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:

Barry Edwards
Name of Person

Smoothie King Casselberry
Firm/Company

22 Swan St.
Address

New Orleans, LA 70124
City/State and Zip Code

barryedwards717@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Barry Edwards at (504) 352-2110
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Casselberry, LLC

Enter new principal office address, if applicable:

(Principal office address)
MUST BE A STREET ADDRESS

110 State Rd 436
Casselberry, FL 32707

Enter new mailing address, if applicable:

(Mailing address)
MAY BE A POST OFFICE BOX

110 State Rd 436
Casselberry, FL 32707

2. The Florida document number of this limited liability company is: 115000004944

3. Jurisdiction of its organization: Casselberry, Florida

4. Date authorized to do business in Florida: 6/23/15

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C." or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: Barry Edwards

New Registered Office Address: 110 State Rd 436 Casselberry FL 32707

Enter Florida Street Address

Casselberry Florida 32707
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.

Barry Edwards
If Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

| <u>Title/Capacity</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|-----------------------|-----------------|-----------------------|--|
| MGm | Barry Edwards | 22 Swan St. | <input checked="" type="checkbox"/> Add |
| | | New Orleans, LA 70124 | <input type="checkbox"/> Remove |
| MGm | Christie Domier | 1514 Great Oak Pl. | <input type="checkbox"/> Add |
| | | Baton Rouge, LA 70813 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

Christie Domier

Typed or printed name of signee

Filing Fee: \$25.00