

L17000039125

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

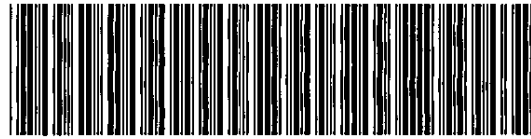
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900298971979

900298971979  
05/31/17--01035--006 \*\*25.00

2021 MAY 31 P 4: 29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

D. BRUCE  
MAY 31 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2017

*LUIS*

~~JESUS~~ O FLOREZ JR.  
5835 112TH AVE EAST  
PARRISH, FL 34219

SUBJECT: YUMMIFOODS COMPANY, LLC  
Ref. Number: L17000039125

RECEIVED  
2017 MAY 30 PM 5:01  
TALLAHASSEE, FLORIDA

We have received your document for YUMMIFOODS COMPANY, LLC, however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$25.00.

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 417A00009759

2017 MAY 31 P 4: 28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jummi Foods Company 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:

Adriana Florez  
Name of Person

Jummi Foods Llc.  
Firm/Company

5835 112th Ave East  
Address

Panish, FL 34219.  
City/State and Zip Code

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

For further information concerning this matter, please call:

Adriana Florez at (941) 524 3939.  
Name of Person Area Code Daytime Telephone Number

2021 MAY 31 P 4: 28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

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

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

Yummi Foods Company 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 Feb 20, 2017 and assigned Florida document number L17000039125.

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 "L.L.C."

**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: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter Florida street address

\_\_\_\_\_, Florida  
City

**FILED**  
2021 MAY 31 P 4:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

2021 MAY 31 P 4:28  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILED**

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

Ownership:

Adriana Florez 52%

Luis O. Florez 24%

Alejandro Florez 24%

Shares Issued:

10,000 Shares.

2021 MAY 31 P 4: 28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

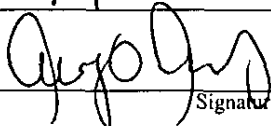
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 5/25/17



Signature of a member or authorized representative of a member

Luis Florez

Typed or printed name of signee