

12/6/21, 4:05 PM

Visit Corporations

**L21000269270**

**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000444588 3)))



H210004445883ABC3

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LAW OFFICES OF SANDRA CLAVIJO  
Account Number : 120200000073  
Phone : (305)860-0901  
Fax Number : (305)688-2916

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 2021 DEC -6 AM 10:17

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2021 DEC -6 PM 4:05

FALL ARREST

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
AMERICAN CONTINENTS FOOD, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

DEC 07 2021

A. LUNT

Electronic Filing Menu

Corporate Filing Menu

Help

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: AMERICAN CONTINENTS FOOD 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:

JOHAN FERNANDO CARDONA SAENZ

Name of Person

AMERICAN CONTINENTS FOOD LLC

Firm/Company

1700 HOOKS ST #9201

Address

Clermont, Florida

City/State and Zip Code

scclavijo@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

SANDRA CLAVIJO

305 8600901

at ( )

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 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

AMERICAN CONTINENTS FOOD LLC

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2021 DEC -6 AM 10:17

The Articles of Organization for this Limited Liability Company were filed on 06/09/2021 and assigned  
Florida document number L21000269270.

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 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

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>
MGRM	NELSON CARDONA SAENZ	1700 HOOKS ST #9201 CLERMONT FLORIDA	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	NELSON CARDONA ARBELAEZ	1700 HOOKS ST #9201 CLERMONT FLORIDA	<input checked="" 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

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATE  
 2021 DEC 6 AM 10:17

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

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
2021 DEC -6 AM 10:17

E. Effective date, if other than the date of filing: 12/06/2021 (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 12/06/2021 \_\_\_\_\_

Signature of a member or authorized representative of a member

JOHAN FERNANDO CARDONA SAENZ

Typed or printed name of signee

**Filing Fee: \$25.00**