Page: 1 of 4

2021-07-27 19.59.01 GMT

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From: Martin Collani

7/27/2021

Division of Corporations

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.

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012 : (305)826-5886

Fax Number : (305)722-0535

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

Email 1	Address:			

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FONTANA POULTRY PACKING LLC

Certificate of Status	0
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Help



company has been notified in writing of this change.

To: 18506176383

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FONTANA POULTRY PACKING LL	С	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	rs on our records,)	
The Articles of Organization for this Limited Liability Company were filed on Florida document numberL21000333248	07/22/2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company h	ere:	
The new name must be distinguishable and contain the words "Limited Liability Company," the	designation "LLC" or the a	bbreviation "LN.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		- 35 <u>//</u> 3
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 agent and/or the new registered office address here:	records, enter the nan	ne of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	orida street address	
. <u></u>	, Florida	
Clty		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 provisions of all statutes relative to the proper and complete performance of accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address. I here	f my duties, and I am Chapter 605, F.S. Or	familiar with and ; if this document is

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>	Address	Type of Action
MGR	DOS SANTOS, GILBERTO	11437 NW 62ND TERR UNIT 233	
		DORAL, FL 33178	■ Remove
			Change
MGR	Dos Santos Fernandes, Gilberto M	11437 NW 62ND TERR	🗏 Add
		UNIT 233	□Remove
		DORAL, FL 33178	□ Change
			□Remove
			Change
			□Add
			🗀 Remove
			Change
			□Add
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			Change
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Note: If the	ate, if other than date is listed, the date date inserted in thi effective date on th	s block does not m	teet the applicab	date of filing or more le statutory filing re	(option than 90 days after fi equirements, this o	al) ling.) Pursuant to 605 late will not be liste	0207 (3)(b ed as the
he record spe ord is filed.	cifics a delayed effe	ctive date, but not	an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after	the
Dated	JULY 27T	н	2021				

GILBERTO DOS SANTOS

Typed or printed name of signee