

L22000103155

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

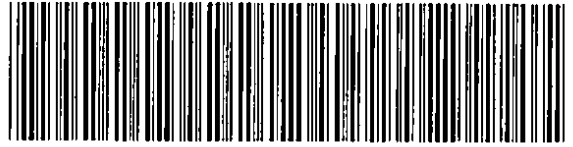
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/03/23--01009--C11 **25.00

2023 JUN -9 AM 7:52
FILED

cf 7/27/2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GETN ROAST'D 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:

MANUEL ACEVEDO

Name of Person

GETN ROAST'D LLC

Firm/Company

2010 APRICOT DR

Address

DELTONA FL 32725

City/State and Zip Code

INFO@GETNROASTD.COM

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

For further information concerning this matter, please call:

MANUEL ACEVEDO

386 2160810
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

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2023 JUN -9 AM 7:5

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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>
(AMBR	OSCAR MALAVE	1811 LIME TREE DR	<input type="checkbox"/> Add
		EDGEWATER, FL 32132	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
(AMBR	MANUEL ACEVEDO	2010 APRICOT DR	<input type="checkbox"/> Add
		DELTONA, FL 32725	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

CHANGE OF TITLES TO "AMBR" FOR BOTH MEMBERS OSCAR MALAVE AND MANUEL ACEVEDO

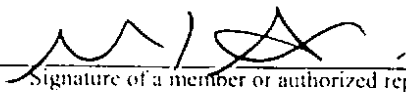
E. Effective date, if other than the date of filing: _____ (optional)

(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 JUNE 06, 2023



Signature of a member or authorized representative of a member

MANUEL ACEVEDO

Typed or printed name of signee

Filing Fee: \$25.00