

L15 0000 56170

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

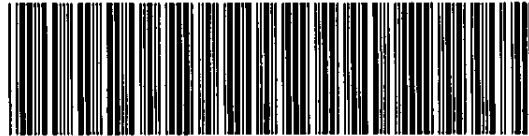
Special Instructions to Filing Officer:

Took liberty of removing
all date, cannot
be prior to 2010

[Signature]

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FILED
15 APR 20 PM 4:04
MAY 4 2015

M. MILLIGAN
EXAMINER

MAY -4 2015

[Handwritten signature]
5/1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Junk 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:

Juan C Palacio

Name of Person

Junk Food, LLC

Firm/Company

701 Brickell Avenue, Ste 860

Address

Miami, FL 33131

City/State and Zip Code

juan@junkfood.co

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

For further information concerning this matter, please call:

Juan C Palacio

786 316-8425
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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

JUNK FOOD, 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 March 30, 2015 and assigned
Florida document number L15000056170

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APR 20 PM 4:04
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

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 end with 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)

120 SW 8th Street

Miami, FL 33130

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

120 SW 8th Street

Miami, FL 33130

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:

120 SW 8th Street

Enter Florida street address

Miami

City

Florida 33130

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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	Juan C Palacio	120 SW 8th Street	<input checked="" type="checkbox"/> Add
		Miami, FL 33130	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
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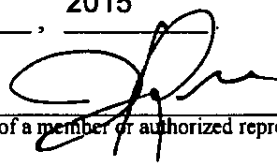
FILED
15 APR 20 11 41 AM
CLERK OF DISTRICT COURT
1100 BAY STREET
MIAMI, FL 33130

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

E. Effective date, if other than the date of filing: ~~April 16, 2015~~ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated April 16, 2015



Signature of a member or authorized representative of a member

Jose I. Rasco

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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15 APR 20 PM 4:04
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA