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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: OGGNIC FOOD Kings 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:
Mexander Montanez
Organic Food Kings LCC Firm/Company
3200 D. W. MiGMI QUE
MIGMIN FI 33127 City/State and Zip Code
Organic food kings & Gmail, com Mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alexander Montonez at (305) 303-1719 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: 2 S25.00 Filing Fee S25.00 Filing Fee S255.00 Filing Fee Fee S255.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

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

(<u>am. o. zn. symie (</u>	CFlorida Limited L	iability Company)			
The Articles of Organization for this Limited Lial Florida document number <u>L 190014</u>		were filed on <u>6</u> -	-14-2019	and assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	the limited liabi	lity company here	<u>:</u> :		
The new name must be distinguishable and contain the work Enter new principal offices address, if applical (Principal office address MUST BE A STREET)	ble:	3246 MIGMV	gnation "LLC" or the all #115 N. Fl. 3	Dispersion "L.L.C." Wigner 3127	 <u>30</u> e
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	(<u>OX)</u>				
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:	ice address her			the name of th	e new
New Registered Office Address:	271 Hion	NE 4 Enter Florid	S + C la street address Florida	33137 Zip Code	<u> </u>
No. Designation of abounding D	naistared Agent:	O.i.		info some	•

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.

f 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 Type of Action Address **Title** Name MGR Montanez Alexander 3200 N Night ave - Add Mioni Fl. 33127 PRemove Change AP Montanez Alexander 3200 W Miomi Que 11 Add Migni #1. 33127 Remove ☐ Change MCR Varges, Mouricio 3246#115 N. Migniare WAdd MIOM. FL. 33127 - Remove □ Change AP Vorgos, Mouricio 3246 #115 N. Migni ove Bradd Migmi fl. 33127 - Remove ☐ Change □ Add □ Remove ☐ Change □ Add □ Remove

Change

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If an ef Note:	tive date, if other than the date of filing:
ne re The	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o e 90th day after the record is filed.
Dated	
	Signature of a member or authorized representative of a member
_	Signature of a member of additionated representative of a member

Page 3 of 3

Filing Fee: \$25.00