

A030000001786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

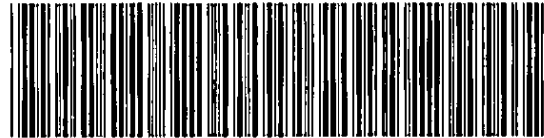
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100373998791

12/08/21--01013--022 **27.50

09/28/21--01020--001 **25.00

2021-12-05 PM 2:07

Amend

DEC 08 2021
ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mecca Family Farms Ltd.
Name of Florida Limited Partnership or Limited Liability Limited Partnership

The enclosed Certificate of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Lori Schwab
Contact Person
mecca Family Farms Ltd.
Firm/Company
P.O. BOX 541779
Address
Lake Worth, FL 33454
City, State and Zip Code
lmecca@aol.com
E-mail address: (to be used for future annual report notification.)

For further information concerning this matter, please call:

Lori Schwab at (561) 968-3605 Ext. 210
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$52.50 Filing Fee ☐ \$61.25 Filing Fee and Certificate of Status ☐ \$105.00 Filing Fee and Certified Copy ☐ \$113.75 Filing Fee, Certified Copy, and Certificate of Status

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 DEC -6 PM 12:55

October 7, 2021

LORI SCHWAB
P.O. BOX 541779
LAKE WORTH, FL 33454

SUBJECT: MECCA FAMILY FARMS, LTD.
Ref. Number: A03000001786

We have received your document for MECCA FAMILY FARMS, LTD. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file the document for a limited partnership is \$52.50.

There is a balance due of \$27.50.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist III

Letter Number: 721A00024467

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

CERTIFICATE OF AMENDMENT
TO
CERTIFICATE OF LIMITED PARTNERSHIP
OF

Mecca Family Farms Ltd.

Insert name currently on file with Florida Department of State

Pursuant to the provisions of section 620.1202, Florida Statutes, this Florida limited partnership or limited liability limited partnership, whose certificate was filed with the Florida Department of State on 12/19/2003, assigned Florida document number A03000001786 adopts the following certificate of amendment to its certificate of limited partnership.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited partnership or limited liability limited partnership here:

New name must be distinguishable and contain an acceptable suffix.

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or L.L.L.P.

B. If amending mailing address and/or principal office address, enter new mailing address and/or principal office address here:

New Principal Office Address:

(Must be STREET address)

New Mailing Address:

(May be post office box)

C. 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:

Lori Schwab

New Registered Office Address:

7965 Lantana Rd.

Enter Florida street address

Lake Worth

City

Florida 33467

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.

Levi Schmal
If Changing Registered Agent, Signature of New Registered Agent

D. If amending the general partner(s), enter the name and business address of each general partner being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
GENERAL PARTNER	THOMAS J. MECCA, INC.	P.O. BOX 541779 LAKE WORTH, FL. 33454	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
GEN. PARTNER	MARK L. MECCA, INC.	P.O. BOX 541779 LAKE WORTH, FL. 33454	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

E. If the limited partnership or limited liability limited partnership is amending its "limited liability limited partnership" status, enter change here:

- ☐ This Limited Partnership hereby elects to be a "Limited Liability Limited Partnership."
- ☐ This Limited Partnership hereby removes its "Limited Liability Limited Partnership" status.

(NOTE: If adding or removing "limited liability limited partnership" status, all general partners must sign this amendment.)

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

SEE ATTACHED SHEET

Effective date, if other than the date of filing:

(Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)


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.

Signature(s) of a general partner or all general partners*:

(*NOTE: Only one current general partner is required to sign this document unless the limited partnership is adding or removing a "limited liability limited partnership" election statement. Chapter 620, F.S., requires all general partners to sign when adding or removing a "limited liability limited partnership" election statement.)

GENERAL PARTNER

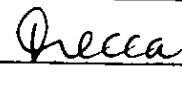
THOMAS J. MECCA, INC.

BY 

Signature(s) of all new or dissociating general partner(s), if any:

DISSOCIATING GENERAL PARTNER

MARK L. MECCA, INC.

By 

Filing Fee: \$52.50
Certified Copy (optional): \$52.50
Certificate of Status (optional): \$8.75

Amendment to Article 4

General Partner: Thomas J. Mecca, Inc.
P.O. Box 541779
Lake Worth, Florida 33454

1% Interest

Limited Partners

24% Thomas J. Mecca	P.O. Box 541779 Lake Worth, FL 33454
25% Lori J. Schwab	P.O. Box 541779 Lake Worth, FL 33454
25% Melonie A. Catalano	P.O. Box 541779 Lake Worth, FL 33454
25% Kristine L. Mecca	P.O. Box 541779 Lake Worth, FL 33454

Amendment to Article 7

The Limited Partners authorize the sole General Partner, Thomas J. Mecca, Inc. the authority to:

- a) Conduct any and all business related to the Company and authority to bind the Company and execute all documents on behalf of the Company;
- b) Issue cash calls, as needed, for necessary funds to operate the Company.

Amendment to Article 9

The Partners designate Kristine L. Mecca, the surviving spouse and heir of Mark Mecca, to assume ownership of the interests of Mark L. Mecca, deceased, without the right to vote the interest.