

L1100004579L

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

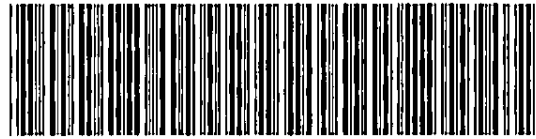
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

5/21/21
T10

Office Use Only



400361777944

04/01/21--01012--010 **25.00

21 APR - 1 PM 12:22

RECEIVED FOR
OFFICE OF COMMERCE

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: FLORIDA FOOD SALES, 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:

JOSE LEON
Name of Person

LBS LEON BUSINESS SERVICES
Firm/Company

8333 W MCNAB RD STE 114
Address

TAMARAC, FL 33321
City/State and Zip Code

FLS.OFFICE@LEONBUSINESSERVICES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE LEON 954 323-9074
Name of Person at () 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

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

FILED
STATE
CLERK OF COURTS
21 APR -1 PM 12:22

FLORIDA FOOD SALES, 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 04/18/2011 and assigned
Florida document number L11000045796.

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 contain 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)

LBS LEON BUSINESS SERVICES

8333 W MCNAB RD STE 114

TAMARAC, FL 33321

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

LBS LEON BUSINESS SERVICES

8333 W MCNAB RD STE 114

TAMARAC, FL 33321

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:

JOSE LEON

New Registered Office Address:

8333 W MCNAB RD

STE 114

Enter Florida street address

TAMARAC

Florida

33321

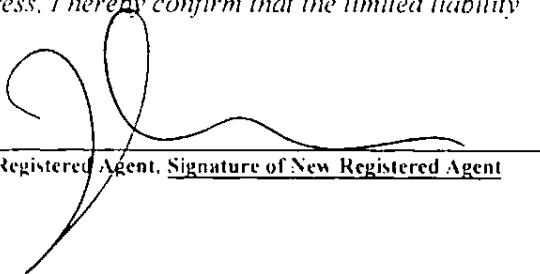
City

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 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

STATE OF FLORIDA
DIVISION OF CORPORATION

21 APR -1 PM 12: 22

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	GABRIEL CAREAGA	27607 PINE POINT DR	<input type="checkbox"/> Add
		WESLEY CHAPEL, FL 33544	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CARLOS ALFONSO	27607 PINE POINT DR	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALBERTO BERA	27607 PINE POINT DR	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL, FL 33544	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)* WE ARE AMENDING PRINCIPAL ADDRESS, MAILING ADDRESS, REGISTERING AGENT, REMOVING MEMBER AND ADDING NEW MEMBERS. 21 APR - 1 PM 12:22

THANK YOU.

E. Effective date, if other than the date of filing: 03/25/2021 (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 3/26/2021

Carlos Alfonso
Signature of a member or authorized representative of a member

Carlos Alfonso
Typed or printed name of signee