

L12000149164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

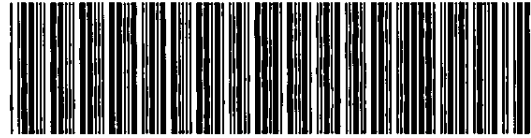
(Business Entity Name)

(Document Number)

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2014 MAY 29 PM 12:17
STATE
TALLAHASSEE FLORIDA

427



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 21, 2014

FRANK SARIOL
1600 N BROADWAY SUITE 650
SANTA ANA, CA 92706

SUBJECT: KHB FOODS, LLC
Ref. Number: L12000149164

We have received your document for KHB FOODS, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00011035

COVER LETTER

**TO: Registration Section
Division of Corporations**

KHB FOODS, LLC

SUBJECT: _____
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:

FRANK R. SARIOL

Name of Person

SARIOL LEGAL CENTERS

Firm/Company

1600 NORTH BROADWAY, SUITE 650

Address

SANTA ANA, CA 92706

City/State and Zip Code

fsariol@me.com

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

For further information concerning this matter, please call:

Frank R. Sariol, Esq.

305 934-7090

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

**TO
ARTICLES OF ORGANIZATION
OF**

KHB FOODS, 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 November 28, 2012 and assigned
Florida document number L12000149164

This amendment is submitted to amend the following:

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

THE SARIOL GROUP, LLC

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)

11352 NW 46th LANE

DORAL, FLORIDA 33178

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

11352 NW 46th LANE

DORAL, FLORIDA 33178

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:

Enter Florida street address

Florida

City

14 MAY 29 PM 12:11
TALLAHASSEE, FLORIDA
SARAH J. HARRIS
CLERK OF SUPERIOR COURT

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


MGR = Manager
AMBR = Authorized Member

[illegible]

E. Effective date, if other than the date of filing: _____ (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 5/28, 2014.



Signature of a member or authorized representative of a member

Frank R. Sario

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
14 MAY 29 PM 12:17
CLERK OF STATE
TALLAHASSEE, FLORIDA