Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : JOHN M WICKER PA

Account Number : I20070000104

: (239)939-2222

Fax Number

; (239)939-2230

Enter the email address for this business entity to be used for future annual report mailings. Enter only one gmail address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TARGET FOODS OF SWFL, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

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SCO

TARGET FOODS OF SWFL, 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 Florida document number L13000153165	were filed on 10/30/2013	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	oility company here:		
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	abbreviation "L.L.C."	_
Enter new principal offices address, if applicable:	4085 HANCOCK BRIDGE PKWY	UNIT 120	
(Principal office address MUST BE A STREET ADDRESS)	NORTH FORT MYERS, FL 33903		_
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4085 HANCOCK BRIDGE PKWY NORTH FORT MYERS, FL 33903		- -
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>ente</u> <u>e</u> :	r the name of the	_ ле<u>ч</u>
Name of New Registered Agent:			-
New Registered Office Address:			_
	Enter Florida street address		
	Florida _		
	City	Tip 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

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MGR = Manager

☐ Change

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

AMBR = Authorized Member Title Name Address Type of Action AL FENSTERBUSCH MGRM □ Add **■** Remove Change **DENNIS NORBERG** MGRM **■** Remove _□ Change JEFF NORBERG 3 BOEHM DR MGR LEBALON, NJ 08833 Change □ Add ☐ Remove _□ Change □ Add ☐ Remove _□ Change □ Add _□ Remove

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SHALL BE MANAGED BY A M/ MANAGED.	ANAGER OR GROUP OF MANAGERS AND IS THEREFORE, MANAGER
	
ffective date, if other than the d	ate of filing: (optional)
an effective date is listed, the date must bloce. If the date inserted in this bloc	be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,020 ok does not meet the applicable statutory filing requirements, this date will not be listed as
ocument's effective date on the Dep	
	effective date, but not an effective time, at 12:01 a.m. on the earlier o
The 90th day after the recor	'd Is filed.
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