

214 000094252

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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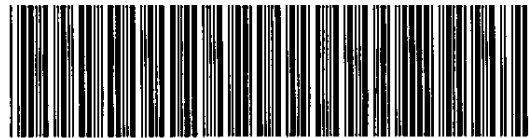
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KARMA PRODUCE 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:

JODI KISLIN
Name of Person

KARMA PRODUCE LLC
Firm/Company

8683 SAWPINE RD.
Address

DELRAY BEACH FL, 33446
City/State and Zip Code

JODIKISLIN@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JODI KISLIN at (866) 866-7875
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

KARMA PRODUCE L.L.C.

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14 OCT - 3 AM 1911
Zip Code

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ARMONDO ORTIZ -	8683 SAUPE RD	☒ Add
	CARVAJAL	DELRAY BEACH, FL 33446	☐ Remove
AMBR	JESUS ARMONDO	8683 Saupre Rd	☒ Add
	ORTIZ CARVAJAL	Delray Beach FL 33446	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
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TALLAHASSEE, FLORIDA
CLERK OF SUPERIOR COURT

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

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 AUGUST 12 2014

Signature of a member or authorized representative of a member

Typed or printed name of signee

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Filing Fee: \$25.00

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