

L 14000100764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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15 JAN 30 PM 3:10  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 16, 2015

JORGE SANTIAGO  
4315 NW 7TH STREET STE #51  
MIAMI, FL 33126

SUBJECT: MARANATHA FOOD SOLUTIONS LLC  
Ref. Number: L14000100764

We have received your document for MARANATHA FOOD SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Florida corporation, but your entity is a Florida limited liability company. Please complete and return the enclosed blank form(s).

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.

Rebekah White  
Regulatory Specialist II

Letter Number: 715A00001014

RECEIVED  
15 JAN 30 PM 2:33  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**NAME OF CORPORATION:** MARANATHA FOOD SOLUTIONS LLC

**DOCUMENT NUMBER:** L14000100764

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

JORGE SANTIAGO

Name of Contact Person

ARJA ASSOCIATES, INC.

Firm/ Company

4315 NW 7TH STREET SUITE #51

Address

MIAMI, FL 33126

City/ State and Zip Code

ARJADY@AOL.COM

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

For further information concerning this matter, please call:

JORGE SANTIAGO

Name of Contact Person

at ( 305 ) 461-1244

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☒ \$35 Filing Fee

☐ \$43.75 Filing Fee &  
Certificate of Status

☐ \$43.75 Filing Fee &  
Certified Copy  
(Additional copy is  
enclosed)

☐ \$52.50 Filing Fee  
Certificate of Status  
Certified Copy  
(Additional Copy  
is enclosed)

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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>
MGRM	ADIEL PEREZ	3985 SAXON AVE	<input type="checkbox"/> Add
		BRONX NY 10463	<input checked="" type="checkbox"/> Remove
MGRM	ROSANNA PEREZ	3985 SAXON AVE	<input type="checkbox"/> Add
		BRONX NY 104463	<input checked="" type="checkbox"/> Remove
MGRM	EGLY CASTILLO RIVERA	13700 SW 62 ST APT#220	<input type="checkbox"/> Add
		MIAMI, FL 33183	<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

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

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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 01/26, 2014



Signature of a member or authorized representative of a member

MGRM

Typed or printed name of signee