

L150000 32871

(Requestor's Name)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 20 2015
J. HARRIS

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: _____

Tapioca 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:

Alessandra M. Gould

Name of Person

Tapioca LLC

Firm/Company

10870 Hawks Vista St.

Address

Plantation, FL 33324

City/State and Zip Code

alisweetgould@gmail.com

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

For further information concerning this matter, please call:

Alessandra Gould

Name of Person

at (954) 673 1030

Area Code

Daytime Telephone Number

\$22572

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

TAPIOCA 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 Feb 18, 2015 and assigned
Florida document number L15000032871

This amendment is submitted to amend the following:

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

~~Tapioca Fresh Meats LLC~~ Tapioca 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)

10870 Hawks Vista St
Plantation, FL 33324

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10870 Hawks Vista St
Plantation, FL 33324

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:

10870 Hawks Vista St.
Enter Florida street address
Plantation, Florida 33324
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

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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	CARVALHO, Philipe	300 Three Islands Blvd	<input type="checkbox"/> Add
		Hallandale Beach, FL 33009	<input checked="" type="checkbox"/> Remove
MGR	ROSANA SANTOS GAMBICHIS	300 Three Islands Blvd	<input type="checkbox"/> Add
		Hallandale Beach, FL 33009	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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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 March 26, 2015.

Gould

Signature of a member or authorized representative of a member

Alessandra Gould

Typed or printed name of signee

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Filing Fee: \$25.00

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