

L150000 97366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

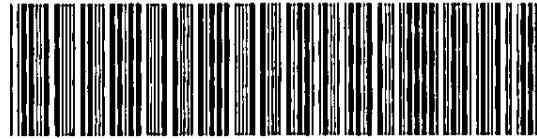
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

2021 AUG -3 PM 12:20

July 2, 2021

TREVOR PAUL SHEVIL  
1234 N.E. 4TH AVENUE  
SUITE B  
FORT LAUDERDALE, FL 33304

SUBJECT: SALLY WILLIAMS FINE FOODS USA LLC  
Ref. Number: L15000097366

We have received your document for SALLY WILLIAMS FINE FOODS USA LLC and your check(s) totaling \$43.75. 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 LLC. 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.

Summer Chatham  
OPS

Letter Number: 821A00015259

2021 AUG -3 A 11:24

FD

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Sally Williams Fine Foods USA 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:

Trevor Paul Sherril  
Name of Person

\_\_\_\_\_  
Firm/Company

1234 NE 4th Ave, Suite B  
Address

Fort Lauderdale, FL 33304  
City/State and Zip Code

trevor@sallywilliamsusa.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Trevor Paul Sherril at (954) 774 6740  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Sally Williams Fine Foods USA 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 6/3/2015 and assigned Florida document number L15000097366.

This amendment is submitted to amend the following:

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

The new name must be distinguishable and contain 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)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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

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**

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	<del>MGR</del> Ian Grunes	15820 Glencrest Ave.	<input type="checkbox"/> Add
		Delray Beach, FL 33446	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Trevor Shovel	1234 NE 4th Ave, Suite B	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33304	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Mark Seck	1234 NE 4th Ave, Suite B	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33304	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the right side, there are some faint, handwritten marks that appear to be "7" and "8".

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 7/27/2021

Signature of a member or authorized representative of a member

Trevor Paul Shevil

Typed or printed name of signee