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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

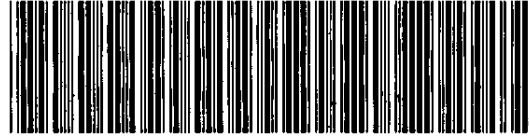
(Business Entity Name)

(Document Number)

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04/12/16--01019--022 **25.00

16 MAR 13 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 16 2016

J SHIVERS



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 13, 2016

DANIEL SALGADO
PO BOX 961101
MIAMI, FL 33296-1101

SUBJECT: SIGEAL FOOD PRODUCTS, LLC
Ref. Number: L15000208000

We have received your document for SIGEAL FOOD PRODUCTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A post office box is not an acceptable address for the registered agent.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist III
Registration/Qualification Section

Letter Number: 716A00007564

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SIGAL FOOD PRODUCTS, 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:

DANIEL A. SALGADO

Name of Person

SIGAL FOOD PRODUCTS, LLC

Firm/Company

PO BOX 961101

Address

MIAMI, FL 33296-1101

City/State and Zip Code

INFO@SIGALFOODPRODUCTS.COM

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

For further information concerning this matter, please call:

DANIEL A. SALGADO

Name of Person

at (786) 853-0197

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SIGEAL FOOD PRODUCTS, 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 12-15-15 and assigned
Florida document number L15000208000

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**)

15307 SW 69th AVE
MIAMI FL, 33193

Enter new mailing address, if applicable:

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

PO BOX 961101
MIAMI FL 33296-1101

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:

DANIEL A. SALGADO

New Registered Office Address:

G 15307 SW 69th Ave
Enter Florida street address
MIAMI, Florida 33193
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:

X MGR = Manager
AMBR = Authorized Member

Title	Name	Address	Type of Action
X MGR	SILVANA I, VEGA	15307 SW 69 LANE	<input type="checkbox"/> Add
		MIAMI, FL 33193	<input checked="" type="checkbox"/> Remove X
			<input type="checkbox"/> Change
X MGR	DANIEL A. SALGADO	15307 SW 69 LANE	<input checked="" type="checkbox"/> Add X
		MIAMI, FL 33193	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

16 MAY 13 AM 11:4
STANDARD OF JIA
TALL ASSIST. FLOR.

16 MAY 13 AM 11:49
SOUTHERN REGIONAL
MAIL CLASS - FLORIDA

(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)

Dated MARCH 1ST 2016

Signature of a member or authorized representative of a member

Silvana I. Vegas

Typed or printed name of signee