

L14000041569

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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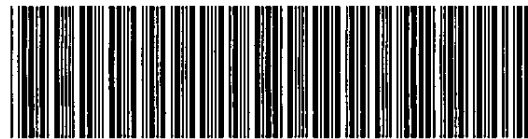
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
17 MAR 27 AM 11:20
DIVISION OF CORPORATIONS

MAR 29 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emgasa Food Distributors, 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:

Samuel L. LePrell

Name of Person

Samuel L. LePrell, Attorney and Counselor at Law

Firm/Company

1930 San Marco Boulevard, Suite 201, St. Mark's Place

Address

Jacksonville, Florida 32207

City/State and Zip Code

samlcprell@bellsouth.net

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

For further information concerning this matter, please call:

Samuel L. LePrell

904

390-2705

at ()

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

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

Emgasa Food Distributors, 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 February 29, 2016 and assigned Florida document number L16000041569.

This amendment is submitted to amend the following:

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

Emgasa Industries, LLC

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:

1930 San Marco Boulevard

(Principal office address MUST BE A STREET ADDRESS)

Suite 201, St. Mark's Place

Jacksonville, Florida 32207

Enter new mailing address, if applicable:

1930 San Marco Boulevard

(Mailing address MAY BE A POST OFFICE BOX)

Suite 201, St. Mark's Place

Jacksonville, Florida 32207

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SECRETARY OF STATE
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CORPORATION

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:

Emma P. Gamarra

New Registered Office Address:

1930 San Marco Boulevard, Suite 201, St. Mark's Place

Enter Florida street address

Jacksonville

Florida 32207

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>
AMBR	Emma P. Gamarra	1930 San Marco Blvd., Suite 201	<input type="checkbox"/> Add
		Jacksonville, Florida 32207	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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17 APR 27 AM 11:20
CLERK OF SUPERIOR COURT
CLERK OF SUPERIOR COURT

This image shows a single sheet of white paper with horizontal black ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

(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.

James P. Lamm

Typed or printed name of signee

Filing Fee: \$25.00

17 MAR 27 AM 11:20

FILED
CLERK OF DISTRICT COURT
IN AND FOR THE COUNTY OF OKLAHOMA