L16000056150

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/State/21p/Enone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





900416768019

10/05/23--01035--003 **25.00

2023 CCT -5 AHTH: O

A. PARISHANI OCT 15 2023

COVER LETTER

Tallahassee, Fl. 32314

TO: Registration Division of C		•	. .	
	City Beefs, LLC			202
SUBJECT:	Name of Lin	nited Liability Company	<u></u>	- 00
				1
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	Aaron Carricato			4(
	-	Name of Person		
	Haines City Beefs, LLC			
		Firm/Company		hone Number S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	410 S Cedar Ave			
		Address		
	Tampa, FL 33606			
	beefsfinancials@yahoo.com	City/State and Zip Code		
	E-mail address: (to be used for future annual report not	ification)	
For further information	i concerning this matter, please c	all:		
Aaron Carricato		813 802-9861		
Nam	e of Person	Area Code Daytin	ne Telephone Number	
Enclosed is a check fo	r the following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certifica Certified	te of Status & Copy
<u>Mailing Add</u> Registration		Street Address: Registration Se	ection	
Division of	Corporations	Division of Cor	rporations	
P.O. Box 6	J 4 /	The Centre of T	rananassee	

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

20,

	OF	
		001
Haines City Beefs, LLC		1
(<u>Name of the Limited Liability Co</u> (A Florida Lim	ompany as it now appears on our records.) ited Liability Company)	
The Articles of Organization for this Limited Liability Comp	pany were filed on 3/18/2016	and assigned
Florida document number 1.16000056150		40
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 I	Linkilla, Communa Valor decimation of LCV	a the obligation of 1.72"
	rationary Company, the designation (rate, to	the appreviation T.T.C.
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS	<u> </u>	
	-	
C-400	410 S Cedar Ave	
Enter new mailing address, if applicable:	Tampa, FL 33606	
Mailing address MAY BE A POST OFFICE BOX)	141111111111111111111111111111111111111	
		<u> </u>
B. If amending the registered agent and/or registered off agent and/or the new registered office address here:	ice address on our records, enter the	e name of the new registered
egovered office and cos nere.		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	Flori	
	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>	Address	Type of Action
AMBR	Aaron Pickern	410 S Cedar Ave	🗆 Add
		Tampa, FL 33606	■Remove
			Change
			□ Add
			Z023
		. <u>-</u>	☐Change
			☐Remove
			□Change
			□Add
			□Remove
			Change
		<u> </u>	□Add
			□Remove
			Change
			□Remove
			□ Change

				
_			- -	0230
				
			-	=
				
-				
				
	<u> </u>			
	 .			
	H=40-5-			
				
			•••	
			. 	
	10/3/20	923		
f an effective date is list Note: If the date ins	ther than the date of filing: ted, the date must be specific and cannot be perted in this block does not meet the appearance on the Department of State's reco	plicable statutory filing requi		
e record specifies a ded	elayed effective date, but not an effecti	ve time, at 12:01 a.m. on the	earlier of: (b) The 9	Oth day after the
Dated	1073			
	Struon 1-1 7	ION.		

Typed or printed name of signee