

116000069694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

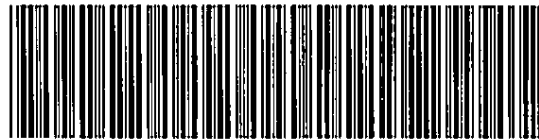
(Business Entity Name)

(Document Number)

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R. WHITE  
JUN 06 2019

FILED  
2019 MAY 21 PM 6:17  
JUL 10 2019

## COVER LETTER

Registration Section  
Division of Corporations

MR SHMEAR LLC

Name of Limited Liability Company

Articles of Amendment and fee(s) are submitted for filing.

All correspondence concerning this matter to the following:

MORRIS GIRNUN

Name of Person

ACCUTAX & ACCOUNTING SERVICES LLC

Firm/Company

P.O. BOX 5032

Address

DEERFIELD BEACH FL 33442

City/State and Zip Code

KIJORO@AOL.COM

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

For further information concerning this matter, please call:

NAME

Name of Person

954 574-0081  
at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$20.00 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**

2019 MAY 21 PM 6:17

MR SHMEAR LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 04/07/2016 and assigned  
document number L16000069694.

Amendment is submitted to amend the following:

Amending name, enter the new name of the limited liability company here:

MR SHMEAR ALL IN ONE SAUCE LLC

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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)

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

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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 attending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MR = Manager

MEM = Authorized Member

<u>MR</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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Condition	Control (%)	MCI (%)	AD (%)
1	75	75	75
2	80	78	78
3	85	82	78
4	90	85	80

[illegible]

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Noted.

Signature of a member or authorized representative

Typed or printed name of signer