

L16000164598

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

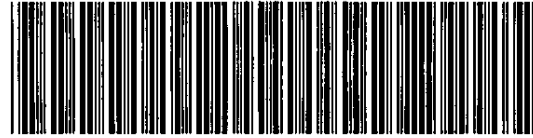
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SIMMONS

SEP 22 2016

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FSS Food Service& Solution 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:

Ramon Martinez  
Name of Person  
Romar Enterprise & Management  
Firm/Company  
P.O. Box 260722  
Address  
Tampa, FLorida 33685-0722  
City/State and Zip Code  
Romarenterprise@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ramon Martinez 813 507-7444  
Name of Person at ( ) 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**

FSS Food Service & Solution 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 September 01, 2016 and assigned  
Florida document number L16000164598.

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	Ramon Martinez	4501 Castaway Dr Apt 2	<input type="checkbox"/> Add
		Tampa, Florida 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Mgr	Frank Olmo	4501 Castaway Dr Apt 02	<input checked="" type="checkbox"/> Add
		Tampa, FLorida 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sandra M Touar	4501 Castaway Dr Apt 02	<input type="checkbox"/> Add
		Tampa, Florida 33615	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Sandra M Tovar	4501 Castaway Dr Apt 02	<input checked="" type="checkbox"/> Add
		Tampa, FLorida 33615	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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.

Dated Sept 10, 2016

Signature of a member or authorized representative of a member

RAMON MARTINEZ

Typed or printed name of signee