

L16 000 208 715

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

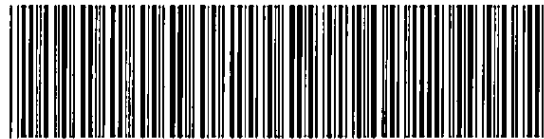
(Business Entity Name)

(Document Number)

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2023 MAR 10 AM 11:41
STATE
TALLAHASSEE FL
JLJ

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: R SWEET MELONS, 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:

SANTIAGO REYES

Name of Person

R REAL SWEET MELONS LLC

Firm/Company

2004 CRESCENT AVE

Address

LABELLE, FL 33935

City/State and Zip Code

HARVESTINGRR@GMAIL.COM

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

2023 MAR 10 AM 11:41
STATE OF FLORIDA
DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

SANTIAGO REYES

863

674-0601

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
p	SANTIAGO REYES	PO BOX 1974	<input checked="" type="checkbox"/> Add
		LABELLE, FL 33975	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	JOSE RAMOS	PO BOX 776	<input checked="" type="checkbox"/> Add
		LABELLE, FL 33975	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
P	CARMEN RAMOS	PO BOX 776	<input type="checkbox"/> Add
		LABELLE, FL 33975	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	SANDRA REYES	PO BOX 1974	<input type="checkbox"/> Add
		LABELLE, FL 33975	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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Stamp: 23 MAY 10 11:11 AM

2023 APR 10 AM 11:41
SITE
SUNNYVALE, CA, FL

2023 APR 10 AM 11:41
SITE
SUN
TALLAHASSEE, FL

(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.

Sandra Reyes

Signature of a member or authorized representative of a member

SANDRA REYES

Typed or printed name of signee

Filing Fee: \$25.00