

L16 000227369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

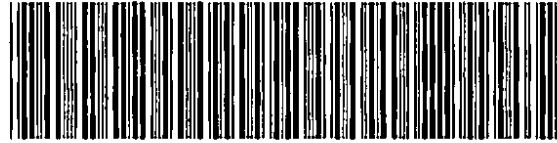
(Business Entity Name)

(Document Number)

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Office Use Only



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APR 07 2021

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

SEMILLA NATIVA HOMEMADE RECIPES LLC

**SUBJECT:** \_\_\_\_\_  
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:

ELIANNY SOLIMAN

\_\_\_\_\_  
Name of Person  
SEMILLA NATIVA

\_\_\_\_\_  
Firm/Company  
1420 NE MIAMI PL, SUITE 515

\_\_\_\_\_  
Address  
MIAMI, FLORIDA, 33132

\_\_\_\_\_  
City/State and Zip Code  
SEMILLANATIVAUS@GMAIL.COM

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

or further information concerning this matter, please call:

ELIANNY SOLIMAN                      407              6137095  
\_\_\_\_\_  
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

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(A Florida Limited Liability Company)

Dec. 16, 2016

Page 1 of 3

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

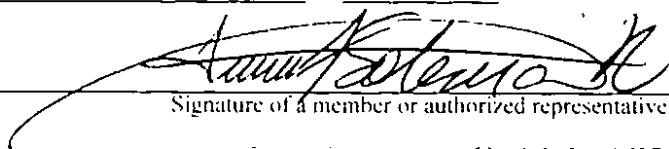
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Effective date, if other than the date of filing: Jan. 1, 2017 (optional)  
(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)  
**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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:  
) The 90th day after the record is filed.

Dated \_\_\_\_\_  
  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JELIANNY SOLIMAN  
\_\_\_\_\_  
Typed or printed name of signee