

3/14/2017

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

U70000710024207

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(((H17000071002 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PEREGONZA LAW GROUP, PLLC
Account Number : I20160000078
Phone : (786)650-0202
Fax Number : (786)650-0200

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: office@pereggonza.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DR. SIMON FOOD, LLC**

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Corporate Filing Menu

Help

D. SCOTT
MAR 15 2017

PEREGONZA

LAW GROUP

JOAN I. PEREZ, ESQ. / ROBERTO J. GONZALEZ, ESQ.
1014 NW 107TH AVE., STE 302, DORAL, FL 33172
C: 786.650.0202 / F: 786.650.0200

March 10, 2017

Via Fax

Registration Section Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Dr. Simon Food, LLC
Document # L17000024207
Amendment

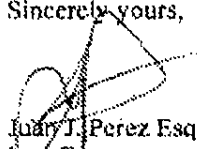
Dear Sir or Madam:

Attached please find a request to make a correction on the record. We would like to change the name of the following member, which was misspelled when it was filed.

<u>Incorrect</u>	Title MGR MITRANO, GIAN LUCAS 601 NE 36 ST, APT 1602 MIAMI, FL 33137
<u>Correct</u>	Title MGR MITRANO, GIANLUCAS 601 NE 36 ST, APT 1602 MIAMI, FL 33137

Please do not hesitate to contact me at (786) 650-0202 should you have any questions about this engagement letter.

Sincerely yours,


Joan I. Perez Esq.,
joan@peregonza.com
For the Firm

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DR. SIMON FOOD, 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:

JUAN J. PEREZ

Name of Person

PEREGONZA LAW GROUP, PLLC

Firm/Company

1414 NW 107TH AVE, STE 302

Address

DORAL, FL 33172

City/State and Zip Code

OFFICE@PEREGONZA.COM

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

For further information concerning this matter, please call:

JUAN J. PEREZ

786

650-0202

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

FILED
17 MAR 14 PM 10:23
TALLAHASSEE, FL
SECRETARY OF STATE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DR. SIMON FOOD, 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 01/31/2017 and assigned
Florida document number 117000024207.

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

City

Florida

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	MITRANO, GIAN LUCAS	601 NE 36 ST, APT 1602	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	MITRANO, GIANLUCA	601 NE 36 ST, APT 1602	<input type="checkbox"/> Add
		MIAMI, FL 33137	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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MAR 17 2017
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

F. Effective date, if other than the date of filing: _____ (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.

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.

Dated

March 10, 2017

Signature of a member or authorized representative of a member

Simon Jose Alvarez Contreras

Typed or printed name of signer

FILED
17 MAR 14 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA