

L17000152132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

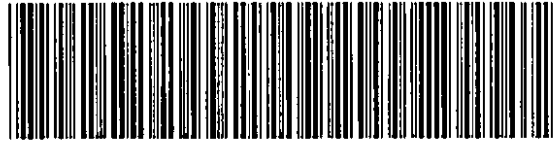
(Business Entity Name)

(Document Number)

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2020 FEB 03 11:17

R. WHITE
FEB 03 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 17, 2020

ALAISA FERRIS CHIRDARIS
5220 NW 72ND AVE #22
MIAMI, FL 33166

SUBJECT: TABLEWARE SOLUTIONS LLC
Ref. Number: L17000152132

2020 JAN 21 PM 1:45

We have received your document for TABLEWARE SOLUTIONS LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Catherine M Wood
Regulatory Specialist II

Letter Number: 020A00001390

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Tableware Solutions 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:

Alisa Ferris Chindanis
Name of Person

Tableware Solutions LLC
Firm/Company

5220 NW 72nd Ave #22
Address

Miami, FL 33166
City/State and Zip Code

alisa.mferris@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Peter Chindanis at (305) 431-5596
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Tableware Solutions LLC 2020 JUN 31 PM 1:17

(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 7/17/2017 and assigned
Florida document number L17000152132

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)

5220 NW 72nd Ave #2
MIAMI, FL 33166

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:

ALISA FERRIS Chindanis

New Registered Office Address:

5220 NW 72nd Ave #22

Enter Florida street address

MIAMI

City

Florida

33166

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>
AMBR	PILAR Segovia	2843 S. Bayshore Dr.	<input type="checkbox"/> Add
		Soile 4A, Miami FL 33138	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PETER Chirdanis	5220 NW 72 nd Ave #22	<input checked="" type="checkbox"/> Add
		Miami, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	PAUL Chirdanis	5220 NW 72 nd Ave #22	<input checked="" type="checkbox"/> Add
		Miami, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Alisa F. Chirdanis	5220 NW 72 nd Ave #22	<input checked="" type="checkbox"/> Add
		Miami, FL 33166	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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.

Signature of a member or authorized representative of a

Alisa Ferris Chindavis

Typed or printed name of signee