

L17000252627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

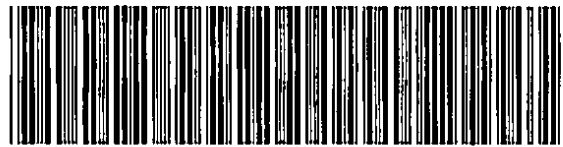
(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT
JANUARY 1, 2022

Y. SCOTT

DEC 12 2021

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PINE HILLS MEAT & PRODUCE, 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:

JOSE D MATEO GONZALEZ

Name of Person

PINE HILLS MEAT & PRODUCE, LLC.

Firm/Company

614 EGAN DR

Address

ORLANDO, FL 32822

City/State and Zip Code

josemateo2012@yahoo.com

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

For further information concerning this matter, please call:

JOSE D MATEO GONZALEZ

407

655-9689

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

2021 NOV 24 PM 3:17
SECRETARY OF STATE
TALLAHASSEE, FL

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PINE HILLS MEAT & PRODUCE, L.L.C.

(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 12/11/2017 and assigned
Florida document number L17000252627.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

MAGONZA GROUP, LLC.

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

614 EGAN DR ORLANDO, FL 32822

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

614 EGAN DR ORLANDO, FL 32822

(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:

JOSE D MATEO GONZALEZ

New Registered Office Address:

614 EGAN DR

Enter Florida street address

ORLANDO

City

Florida 32822

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

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SECRETARY OF STATE
TALLAHASSEE, FL

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>
AMGR	JOSE D MATEO GONZALEZ	614 EGAN DR ORLANDO, FL 32822	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
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TALLAHASSEE, FL

7115

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

11/17/21

X

X _____
Signature of a n

Signature of a member or authorized representative of a member

JOSE D MATEO GONZALEZ

Typed or printed name of signee

Filing Fee: \$25.00