

LI8000238036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

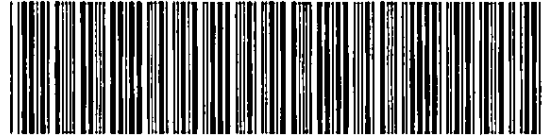
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 APR 26 PM 3:21

N COOPER

APR 27 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 904 FOOD COMPANY 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:

IWONA BIELASZKA
Name of Person

904 FOOD COMPANY LLC
Firm/Company

78 ANDERSON ST.
Address

ST. AUGUSTINE FL 32084
City/State and Zip Code

iwona0809@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

IWONA BIELASZKA at (847) 712-1260
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

904 FOOD COMPANY LLC

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>
AMBR	IWONA BIELASZKA	78 ANDERSON ST. ST.AUGUSTINE	<input checked="" type="checkbox"/> Add
		FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	WILLIAM HODGES	78 ANDERSON ST	<input checked="" type="checkbox"/> Add
		ST.AUGUSTINE	<input type="checkbox"/> Remove
		FL 32084	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

This application is to insure that
Iwona Bielaszka is listed as both
Registered Agent and Authorized member.
There should be two Authorized members
listed in this LLC: Iwona Bielaszka and
William Hodges. Thank You!

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E. 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 04/23/2018

Iwona Bielaszka

Signature of a member or authorized representative of a member

IWONA BIELASZKA

Typed or printed name of signer