

**L18000051273**

\_\_\_\_\_  
(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  
CORPORATIONS  
2019 01 27 PM 9:31

*Amend*

FEB 20 2020

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KABAYAN GROCERY STORE L.L.C.

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:

ADELINA P. CASUGA

Name of Person

KABAYAN GROCERY STORE LLC

Firm/Company

201 N NEW WARRINGTON ROAD

Address

PENSACOLA, FLORIDA

32506

City/State and Zip Code

sureboxtrading@hotmail.com

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

For further information concerning this matter, please call:

ADELINA P. CASUGA

850

292-7953/ 850-453-0794

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

FILED  
OFFICE OF THE  
CLERK OF THE  
DIVISION OF CORPORATIONS  
20 JUN 27 AM 9:31

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

KABAYAN GROCERY STORE 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 \_\_\_\_\_ and assigned  
Florida document number L18000051273.

This amendment is submitted to amend the following:

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

KABAYAN GROCERY STORE L.L.C.

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:

201 N NEW WARRINGTON ROAD

(Principal office address MUST BE A STREET ADDRESS)

PENSACOLA, FL. 32506

Enter new mailing address, if applicable:

201 N NEW WARRINGTON ROAD

(Mailing address MAY BE A POST OFFICE BOX)

PENSACOLA, FL. 32506

**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:

ADELINA P. CASUGA

New Registered Office Address:

201 N NEW WARRINGTON ROAD

*Enter Florida street address*

PENSACOLA

*City*

Florida 32506

*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>
OWNER	ADELINA P. CASUGA	9927 LILLIAN HWY., PENSACOLA, FL. 32506	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
OWNER	ROSITA C. GRAYCOCHEA	5512 ESSEX ROAD, PENSACOLA, FL. 32506	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

[illegible]

**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 January 20, 2020

ADELINA P. CASUGA

Typed or printed name of signee

**Filing Fee: \$25.00**