

L18000189653

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

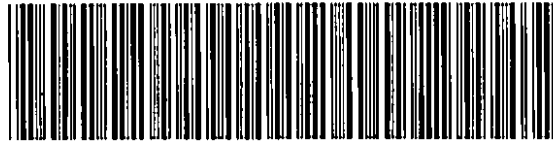
(Business Entity Name)

(Document Number)

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10/22/18 DS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TVL Foods 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:

% Robert M Lauenstein

Name of Person

TVL Foods LLC

Firm/Company

8015
International Drive
Suite 313

Address

Orlando, Florida 32819

City/State and Zip Code

sushi@kronickssushi.com

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

2014 OCT 15 A 8:12

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For further information concerning this matter, please call:

Robert M Lauenstein

240

750-0564

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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TVL FOODS 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>
RA	Robert M Lauenstein	8015 International Drive Suite 313	<input type="checkbox"/> Add
		Orlando, Florida 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Linda R Tozi Cardoso	8015 International Drive Suite 313	<input type="checkbox"/> Add
		Orlando, Florida 32819	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

REC'D
MAY 15 8 12
1971

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 August 28, 2018

Robert M. Lancaster

Signature of a member or authorized representative of a member

Robert M Lauenstein

Typed or printed name of signee