

L1900040337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

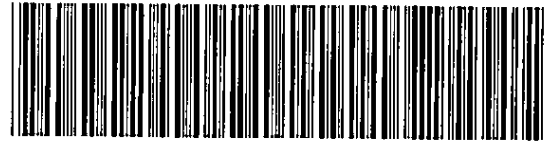
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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09/17/20--01008--031 **25.00

FILED
2020 SEP 17 PM 6:00
TALLAHASSEE, FL

D. BRUCE
OCT 25 2020



Ancient City Food Company

14 September 2020

Florida Department of State
Registration Services
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To whom it may concern

As per the attached email from Heather Burns, please remove her from any and all associations with Ancient City Food Company effective immediately.

In addition, please update the address as completed on the forms

Regards,

Joe Burns

Owner / COO

2020 SEP 17 PM 6:00

FILED

TALLAHASSEE, FL

PO Box 4531
Saint Augustine, Florida 32085
email: acfc.sta@gmail.com
phone: 913-669-9190

Subject Documents needed

From Heather Burns <hlburns811@gmail.com>

To: Joe Burns <jmburns11@yahoo.com>

Date Sep 12 at 12:11 PM

Please provide the documents for the VyStar truck payment as it was due September 10, 2020 and not made.

Please provide the Capitol One car paperwork as well so I can ensure that goes out on time.

Please return the tax documents for 2018 and 2019 and any other paperwork of my taxes if they were also removed.

Please contact VyStar and capitol one to see how to get my name for the truck and my name on the car.

Please provide my portion of the USAA as we discussed I believe it was approx. \$286.

Please contact the state and have my name removed from any and all Ancient City Food Company related activity and provide documentation.

Heather Burns

2020 SEP 17 PM 6:00
SHANE L. GUNTER
TALLAHASSEE, FL

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ANCIENT CITY 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:

JOE BURNS
Name of Person

ANCIENT CITY FOOD COMPANY
Firm/Company

PO BOX 4531
Address

ST AUGUSTINE, FL 32085
City/State and Zip Code

ACFC.STA@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOE BURNS at (913) 669-9190
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

FILED
2020 SEP 17 PM 5:00
CLERK OF CIRCUIT COURT
TALLAHASSEE, FL

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

ANCIENT CITY FOOD COMPANY LLC

(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 02/11/2019 and assigned Florida document number L19000040337.

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)

99 KING ST #4531

ST AUGUSTINE, FL 32085

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO BOX 4531

ST AUGUSTINE, FL 32085

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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

FILED
2020 SEP 17 PM 4:00
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> |
|--------------|---------------|------------------------|--|
| AMBR | HEATHER BURNS | 1025 SANTA CRUZ ST | <input type="checkbox"/> Add |
| | | ST AUGUSTINE, FL 32092 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
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2020 SEP 10 PM 0:00
SECURITY
TALLAHASSEE, FL

2020 SEP 17 PM 6:00
SECRET//NOFORN//
TALLAH/SSC//FL

2020 SEP 17 PM 6:00
SECRET
TALLAHASSEE, FL

(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.

Dated 14 SEPTEMBER, 2020

Signature of a member or authorized representative of _____

Signature of a member or authorized representative of a member

JOSEPH BURNS

Typed or printed name of signee