

L190000 52397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

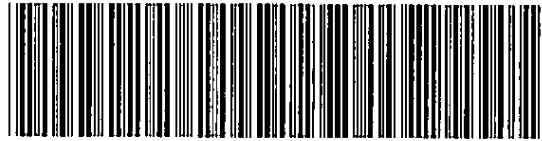
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/17/19--01033--006 **25.00

FILED
2019 JUN 17 P 12:30
U.S. DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

CLERK OF COURT

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: VARIETA 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:

ALEJANDRO TORO

Name of Person

VARIETA FOODS LLC

Firm/Company

177 OCEAN LANE DR APT 308

Address

KEY BISCAVNE, FL 33126

City/State and Zip Code

INFO@JCBSOLUTIONSINC.NET

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

For further information concerning this matter, please call:

ALEJANDRO TORO

305 794-7186

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

FILED

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 09/28/2016

on pur records.) 7 P 12:30

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

Enter new principal offices address, if applicable:

7500 NW 25TH ST

SUITE 237

DORAL, FL 33122

7500 NW 25TH ST

SUITE 237

DORAL, FL 33122

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ

Zip Code

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.

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>
MGR	ALEJANDRO TORO	177 OCEAN LANE DR APT 308	<input checked="" type="checkbox"/> Add
		KEY BISCAYNE, FL 33126	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ANA M. RICO	3349 MERRICK LANE	<input checked="" type="checkbox"/> Add
		MARGATE, FL 33063	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

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.

(b) The 90th day after the record is filed.

2019

ALEJANDRO TORO

Filing Fee: \$25.00