11900054504

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(Address)			
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(City/State/Zip/Phone #)			
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COVER LETTER

TO:	Registration Se Division of Cor	ection rporations					
eun it		ENTIC GHANIAN FOOD					
SUBJE	Name of Limited Liability Company						
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.				
Please	return all correspo	ondence concerning this matter	to the following:				
		MARGARET ASOR-BORT	SI				
		AUTHENTIC GHANAIAN F	Name of Person				
		15910 BAXTER CREEK DI	Firm/Company RIVE				
		Address JACKSONVILLE, FL 32218					
		City/State and Zip Code ghanaianfood@outlook.com					
		E-mail address: (to be used for future annual report notifi	cation)			
For fur	ther information e	concerning this matter, please ca	all:				
MARG	SARET ASOR-B	ORTSI	703 589.8824 at ()				
	Name o	of Person	Area Code Daytime	Telephone Number			
Enclose	ed is a check for t	he following amount:					
■ \$2:	5.00 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)			

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TO:

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



March 5, 2019

MARGARET ASOR-BORTSI 15910 BAXTER CREEK DRIVE JACKSONVILLE, FL 32218

SUBJECT: AUTHENTIC GHANIAN FOOD, LLC

Ref. Number: L19000054504

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

Please specify which article number and/or article title you are amending, adding, or deleting.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 919A00004510

DO DOY COOT Wellshamme Planida 29214

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

FILED

2019 MAR 14 AM 11: 18

AUTHENTIC GHANIAN FOOD, LLC

(A)	Liability Compa Florida Limited	ny as it now appears on our records.) Liability Company)	www.Assee.Fi
The Articles of Organization for this Limited Liabi Florida document number L19000054504	lity Company 	were filed on 2/29/2019	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of th	e limited liab	ility company here:	
AUTHENTIC GHANAIAN FOOD, LLC			
The new name must be distinguishable and contain the word	s "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		15910 BAXTER CREEK DRIVE	
		JACKSONVILLE, FL 32218	
Enter new mailing address, if applicable:		15910 BAXTER CREEK DRIVE	
Mailing address MAY BE A POST OFFICE BO	<u>Xj</u>	JACKSONVILLE, FL 32218	
B. If amending the registered agent and/or registered agent and/or the new registered office			ter the name of the ne
Name of New Registered Agent:	N/A		
Name of New Registered Agent:	N/A N/A		
Name of New Registered Agent:		Enter Florida street address	
Name of New Registered Agent:		Enter Florida street address , Florida	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.

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>	Address	Type of Action
			Add
			Remove
			Change
			Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			□ Change
			□ Remove
			☐ Change
			□ Add
			☐ Remove
			Change

(optional)
(optional) to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) able statutory filing requirements, this date will not be listed as the
t an effective time, at 12:01 a.m. on the earlier of:
orized representative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00