

L190000 54646

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

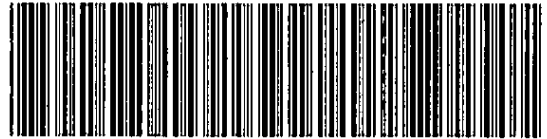
(Document Number)

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2021 JUN -8 A 7:35

S.C.



RECEIVED

2021 JUN -8 PM 1:17

FLORIDA DEPARTMENT OF STATE
Division of Corporations

SECRET
TALLAHASSEE, FL

May 5, 2021

MARIA REIG
1444 BISCAYNE BLVD
#212
MIAMI, FL 33132

SUBJECT: MARIANA FOODS LLC.
Ref. Number: L19000054646

We have received your document for MARIANA FOODS LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Summer Chatham
OPS

Letter Number: 921A00009290

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June 2, 2021

TO: FLORIDA DEPARTMENT OF STATE DIVISIONS CORPORATIONS

FROM: MARIA REIG (TEL: 9176791797)

MARIANA FODS LLC

1444 BISCAYNE BLVD #212

MIAMI, FL 33132

SUBJECT: REF NUMBER: L19000054646 MARIANA FODS LLC

RESPONSE LETTER NUMBER: 921A00009290

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MARIANA 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:

MARIA REIG

Name of Person

MARIANA FOODS LLC

Firm/Company

1444 BISCAYNE BLVD #212

Address

MIAMI, FL 33132

City/State and Zip Code

info@marianafoods.us

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

For further information concerning this matter, please call:

MARIA REIG

Name of Person

at (917)

Area Code

679 1797

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

2021
JUN-8
A 7:35
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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MARIANA FOODS 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 02/25/2019 and assigned Florida document number L19000054646

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City

Florida

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>
MGR	MOONDOS CORP	1444 BISCAYNE BLVD #212	<input type="checkbox"/> Add
		MIAMI, FL 33132	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MARIA REIG	1444 BISCAYNE BLVD	<input checked="" type="checkbox"/> Add
		#212	
		MIAMI, FL 33132	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2021 JUN -8 A 7:36
CALLED
BY
MIA
MIA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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 6/2/2021

Maria Reig
Signature of a member or authorized representative

Signature of a member or authorized representative of a member

MAIZIA REIG (MOONDOS CORP.)
Typed or printed name of signee

Typed or printed name of signee

FILED
2021 JUN -8 A 7 38
CORP