## L14000101078

(Requestor's Name)
, (Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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FILED 2019 JUL -1 PH 4: 29

T GLASS



## FLORIDA DEPARTMENT OF STATE Division of Corporations

June 8, 2019

CARLOS LONDON 2750 MICHIGAN AVE KISSIMMEE, FL 34744

SUBJECT: ANTONIUS FOODS DISTRIBUTION LLC

Ref. Number: L19000101078

We have received your document for ANTONIUS FOODS DISTRIBUTION LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FOREIGN LLC, 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) 245-6052.

Tacarri K Glass Regulatory Specialist II

Letter Number: 019A00011488

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APPROYLU AMD FILED

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## **COVER LETTER**

TO: Registration So Division of Cor					
SURJECT: AN	TONIOUS FOOD	ds Distribution	ion LLC		
Subsect.	Name of Limi	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Carb	S London Name of Person			
		Name of Person			
	LODDON &	Express Interes	nional In	و	
		Firm/Company	<del>.</del>		
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	Lissimme	City/State and Zip Code  TWD Hotmeil. Co to be used for future annual report notif	744		FILED
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	London 27	NO Hotmail. Co	m	I	 E
	E-mail address: (	to be used for future annual report notif	fication)	:	১
For further information of	concerning this matter, please co			u	٥
Canlos	London	at (321) Area Code Daytime	-6175		
Name (	of Person	Area Code Daytime	e Telephone Number		
Enclosed is a check for t	he following amount:				
	□ \$30.00 Filing Fee &	. □ \$55.00 Filing Fee &	□ \$60.00 Filing	g Fee.	
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate o Certified Co (additional cop	рру	
	ING ADDRESS:	STREET/COURI			
	ration Section on of Corporations	Registration Section Division of Corpor			
P.O. P	3ox 6327	Clifton Building			
Tallah	assee, FL 32314	2661 Executive Ce	inter Circle		

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ANTONIUS FOODS		LLC
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our record Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liability Company	were filed on April 11	عرام and assigned
Florida document number L 19000101078		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3582 STAR 3	FLOREDS 34744
(Principal office address MUST BE A STREET ADDRESS)	Kissimmee,	FLOREDS 34744
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	3582 STAR Kissimmer, F	SHUWER CT Cord 34744
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		s, enter the name of the ne
Name of New Registered Agent:		2019
New Registered Office Address:		
	Enter Florida street addres.	
<del></del>	, Flo	orida <u>,                                   </u>
New Registered Agent's Signature, if changing Registered Agent:	City	ZID Codain
I hereby accept the appointment as registered agent and agree	on to cost in this assessment of E-	· · · · · · · · · · · · · · · · · · ·

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 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
<del></del>			
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			Change
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	9
Effective date, if other than the date of filing:	 

Page 3 of 3

Filing Fee: \$25.00