# L19000110602

(Re	equestor's Name)	·· <u> </u>
(Ad	ldress)	
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(Cil	ty/State/Zip/Phone	e #)
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(Bu	isiness Entity Nan	me)
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# **COVER LETTER**

ΓΟ: Registration Se Division of Cor			
SUBJECT: ALI	L TRADE FOOD, I	LLC	
		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:	
	Margarita Mor	rales-Perez	
		Name of Person	<del></del>
	Gutierrez Mor	ales-Perez & Associat	es
		Firm/Company	
	2750 SW 145	Ave Suite 101	
		Address	
	Miramar, Flor	ida 33027	
		City/State and Zip Code	
	accounting@	gmpa-cpa.com to be used for future annual report notif	
	E-mail address: (	to be used for future annual report notif	ication)
For further information c	concerning this matter, please ea	all:	
Margarita Mo	rales-Perez	at ( <u>754</u> ) <u>210-705</u> Area Code Daytimo	57
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for the	he following amount:		
S25.00 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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

All Trade Food, LI	LC	
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears on our record to Limited Liability Company)	<u>(s.</u> )
The Articles of Organization for this Limited Liability Considered Florida document numberL19000110602		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD	<u>RESS)</u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		6 FH 6: 34
B. If amending the registered agent and/or registered agent and/or the new registered office add		s, <u>enter the name of the ne</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	cs ·
		orida
	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

if amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MGR</u>	Fernando Campopiano	14900 SW 30th Street	<b>ID</b> /Add
		Suite 278782	Remove
		Miramar, FL 33027	Change
		<del> </del>	Remove
			Change
	<del>-</del>		Remove
			Change
			□ Remove
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ffectiv	date, if other than the date of filing: (optional)
iote: 🗆	ive 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 605.020 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as t's effective date on the Department of State's records.
	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o Oth day after the record is filed.
ated	May 2nd 2019

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Typed or printed name of signee

Filing Fee: \$25.00