

L19000120999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

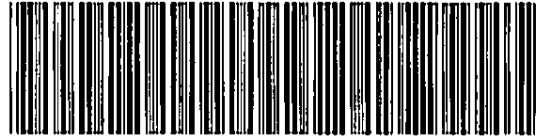
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200369520732

07/14/21 -01011--000 **20.00

FILED
2021 JUL 16 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: FILIPINO 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:

ERLINDA LOPEZ

Name of Person

FILIPINO FOODS LLC

Firm/Company

2811 TAMiami TRAIL UNIT B

Address

PORT CHARLOTTE FL 33952

City/State and Zip Code

filipinofoodsllc@gmail.com

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

For further information concerning this matter, please call:

ERLINDA LOPEZ

at (_____) 941 204 3874

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If Changing Registered Agent, Signature of New Registered Agent

FILED
2021 JUL 16 PM 1:30
SECRETARY OF STATE
TALAMASSEN, F.

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	ERLINDA LOPEZ	18131 Edgewater Drive Port Charlotte FL 33948	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

FILED
2020 JUL 18 PM 3:30
SECRETARY OF STATE
TALLAHASSEE, FL

2021 JUL 16 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FL

FILED
2021 JUL 16 PM 1:30
SECRETARY OF STATE
TALLAHASSEE, FL

~~July 8, 2021~~

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.

Dated ~~July 8~~, 2021

Signature of a member or authorized representative of a member

ERLINDA LOPEZ

Typed or printed name of signee