

L190000144029

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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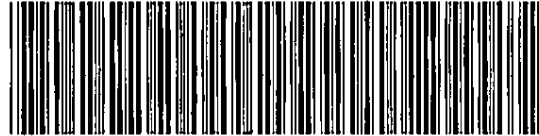
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

19 AUG 26 AM 10:01

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AUG 7 2019

T SCHROEDER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FRESH AND LOCAL MEALS  
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:

MARK JOHNSON

Name of Person

FRESH AND LOCAL MEALS

Firm/Company

7229 HERLOT SIENNA AVE

Address

GIBSONTON FL 33534

City/State and Zip Code

FRESHANDLOCALMEALS@MAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARK JOHNSON

Name of Person

at (404)

Area Code

667 7352

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

FRESH AND LOCAL MEALS 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 June 28-2019 and assigned Florida document number 84-2251395.

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)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

MARK JOHNSON

New Registered Office Address:

7229 MERLOT SIENNA AVE

Enter Florida street address

GIBBONTON

City

Florida

33534

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 attending 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	DEVERINE DEGNAN	7229 MERLOT SIENNA Ave	<input checked="" type="checkbox"/> Add
		GIBSONTON FL 33534	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MARK JOHNSON	7229 MERLOT SIENNA Ave	<input checked="" type="checkbox"/> Add
		GIBSONTON FL 33534	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DEVERINE DEGNAN	7229 MERLOT SIENNA Ave	<input checked="" type="checkbox"/> Add
		GIBSONTON FL 33534	<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

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SHERIFF'S OFFICE  
TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE MAKE SURE BOTH AGENTS BELOW ARE AUTHORIZED  
ON THE LIR:

NEVERINE DEGNAN 7229 HERLOT SIENNA AVE  
GIBRONTON FL 33524

MARK JONNDON 7229 HERLOT SIENNA AVE  
GIBRONTON FL 33524

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19 AUG 26 14:10:01  
CLERK OF DISTRICT COURT  
TALLAHASSEE FLORIDA

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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)

**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.

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 8/1/19, \_\_\_\_\_

\_\_\_\_\_  
Signature of a member or authorized representative of a member

NEVERINE DEGNAN  
\_\_\_\_\_  
Typed or printed name of signee