

L19000159982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

(Business Entity Name)

(Document Number)

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THE  
**KORDA LAW FIRM**  
IMMIGRATION ATTORNEYS  
WHEN EXPERIENCE MATTERS

Attorneys:  
Anthony, Korda, Esq.\*

**2338 Immokalee Road, Suite 137, Naples FL 34110  
(Offices in Beverly Hills, CA)**

June 28, 2019

Florida Department of State  
Division of Corporations –  
Corporate Filing  
P O Box 6327  
Tallahassee FL 32314

**Re: Name Change and change of Officer  
Document No. L19000159982 Fritz 'N Eli's Market, LLC**

Dear Sir / Madam,

In connection with the above captioned name change and change of Officer, enclosed please find the Articles of Amendment to Articles of Organization for Fritz 'N Eli's Market, LLC.

Please note the change of name from **Fritz 'N Eli's Market, LLC** to **Fritz N' Eli's Pet Food Market, LLC**. Please also note the addition of Emma Louise FRANKS as Manager and the removal of Ryan David FRANKS as Manager.

We enclose our check in the sum of \$25.00.

Should you have any questions regarding these changes, please do not hesitate to contact me on 239-298-0441.

Sincerely,

**THE KORDA LAW FIRM**

  
Anthony Korda, Esq.

PHONE  
(239) 566-1913 (O)  
(239) 298 0441 (C)

FAX  
(941) 870 9188

WEB  
[www.us-immigration-professionals.com](http://www.us-immigration-professionals.com)  
[www.immigratetothestates.com](http://www.immigratetothestates.com)

\*Practice in Florida limited to Immigration and Naturalization Law

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** FRITZ 'N ELI'S FOOD MARKET, 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:

ANTHONY KORDA ESQ

\_\_\_\_\_  
Name of Person

THE KORDA LAW FIRM

\_\_\_\_\_  
Firm/Company

5621 STRAND BLVD SUITE 202

\_\_\_\_\_  
Address

NAPLES FL 34110

\_\_\_\_\_  
City/State and Zip Code

AK@KORDALAWFIRM.COM

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

For further information concerning this matter, please call:

ANTHONY KORDA ESQ

239 298-0441  
at ( )

\_\_\_\_\_  
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/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## FRITZ 'N ELI'S FOOD MARKET, LLC

FRITZ N' ELI'S PET FOOD MARKET, LLC

**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

## Florida

Civ

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>
<del>MRS</del>	EMMA FRANKS	11245 PHOENIX WAY NAPLES FL 34119	<input checked="" type="checkbox"/> Add
MGR			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MR	RYAN FRANKS		<input type="checkbox"/> Add
		11245 PHOENIX WAY NAPLES FL 34119	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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PA 1000 1000 1000

200 JUL -3 AM 6:43

**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 JUNE 28 2019

2019

Autley Knd

Signature of a member or authorized representative of a member

ANTHONY KORDA ESQ

Typed or printed name of signee