

LI9000 216 426

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

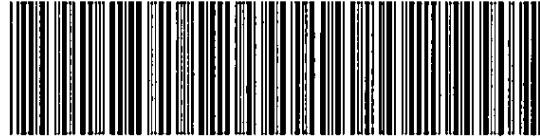
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SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 SEP 20 AM 9:11

Amend

OCT 3 2019

D CUSHING

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: WACHULA FOOD 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:

TEJ KUMAR KARKI

Name of Person

WACHULA FOOD LLC

Firm/Company

4693 LATHLOA LOOP

Address

LAKELAND FL 33811

City/State and Zip Code

pronoypadder@gmail.com

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

For further information concerning this matter, please call:

PRONOY PADDER

Name of Person

at (863) 254-9031

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WACHULA FOOD 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 08/23/2019 and assigned
Florida document number L19000216426

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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:

1144 E MEMORIAL BLVD

(Principal office address MUST BE A STREET ADDRESS)

LAKELAND FL 33801

Enter new mailing address, if applicable:

1144 E MEMORIAL BLVD

(Mailing address MAY BE A POST OFFICE BOX)

LAKELAND FL 33801

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:

PRONOV PADDER

New Registered Office Address:

1144 E MEMORIAL BLVD

Enter Florida street address

LAKELAND

, Florida 33801

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

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DIVISION OF CORPORATIONS
10 SEP 20 11 09:11

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	TEJ KUMAR KARKI	4693 LATHLOA LOOP	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		LAKELAND, FL 33811	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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