

1/7/22, 11:17

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet
L19000218799

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : PETER MATHISON LLC
Account Number : 120210000152
Phone : (305)520-9343
Fax Number : (786)705-2040

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARIS NATURAL FOODS, LLC**

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JUL -5 2022
K. Brumbley

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARIS NATURAL 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:

FERNANDO VILLARREAL
Name of Person

PETER MATHISON LLC
Firm/Company

800 SE 4TH AVENUE, SUITE 139
Address

HALLANDALE BEACH, FL 33009
City/State and Zip Code

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

For further information concerning this matter, please call:

FERNANDO VILLARREAL at 305 520-9343
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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ARIS NATURAL FOODS, 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 09/03/2019 and assigned
Florida document number L19000218799.

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**)

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

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, 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	FUENZALIDA, JAIME A	9149 SW 129TH LN	<input type="checkbox"/> Add
		MIAMI, FL, 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	REBOLLEDO, MARIANA	9149 SW 129TH LN	<input type="checkbox"/> Add
		MIAMI, FL, 33176	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAEZ ARAVENA, PAMELA A	9149 SW 129TH LN	<input checked="" type="checkbox"/> Add
		MIAMI, FL, 33176	<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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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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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.

Typed or printed name of signee

Filing Fee: \$25.00