

LP 000 243560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

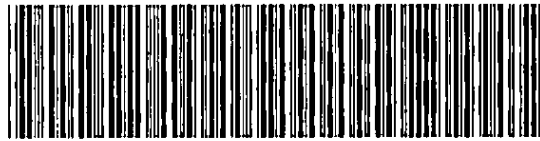
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DIVISION OF CORPORATIONS
21 MAR 15 PM 2:18

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CASSELBERRY 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:

TALAL KAZBOUR

Name of Person

CASSELBERRY FOODS, LLC

Firm/Company

1326 EAST LUMSDEN ROAD

Address

BRANDON, FLORIDA

City/State and Zip Code

perla@kazbour.com

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

For further information concerning this matter, please call:

Perla Avila

813
at ()

684-0622

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

ON FILE
SECRETARY OF STATE
DIVISION OF CORPORATION

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

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DIVISION OF CORPORATION

<u>Title</u>	<u>Name</u>	<u>Address</u>	21 MAR 15 PM 2:18	<u>Type of Action</u>
MGR	DAVID ROEHRIG	1006 N. 14TH STREET		<input checked="" type="checkbox"/> Add
		LEESBURG, FL 34748		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
MGR	PASQUALE CASALASPRO	1006 N. 14TH STREET		<input checked="" type="checkbox"/> Add
		LEESBURG, FL 34748		<input type="checkbox"/> Remove
				<input type="checkbox"/> Change
				<input type="checkbox"/> Add
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				<input type="checkbox"/> Change

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

SECRETARY OF STATE
DIVISION OF CORPORATION

21 MAR 15 PM 2:18


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 MARCH 12, 2021



Signature of a member or authorized representative of a member

Talal Kazbour

Typed or printed name of signee