

9/30/2020

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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((H20000340783 3)))



H20000340783ABC.

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To:

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

From:

Account Name : TAX CARE CELEBRATION
Account Number : I20190000007
Phone : (786)845-8854
Fax Number : (321)473-3052

*Rwhite
10/7/20*

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

Email Address: Jessica.torres@taxcareinc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DISTRIBUIDORA F&R LLC**

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$25.00



October 2, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

DISTRIBUIDORA F&R LLC
9725 FOINTAINEBLEAU BLVD
APT 101
MIAMI, FL 33172US

SUBJECT: DISTRIBUIDORA F&R LLC
REF: L20000018106

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please resubmit your filing because all pages were not received in our office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing
Senior Section Administrator

FAX Aud. #: H20000340783
Letter Number: 820A00019114

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DISTRIBUIDORA F&R 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:

JESSICA TORRES

Name of Person

TAX CARE

Firm/Company

1400 NW 107TH AVE STE 203

Address

SWEETWATER FL 33172

City/State and Zip Code

jessica.torres@taxcareinc.com

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

For further information concerning this matter, please call:

JESSICA TORRES 786 845-8854
at ()
Name of Person Area Code 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

-3 10:02

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

This amendment is submitted to amend the following:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

TAMPA, FL 18106

TAMPA, FL 18106

_____, Florida _____
City Zip Code

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	Ferrer Rodriguez, Endervi A.	8420 Del Lago Circle	<input type="checkbox"/> Add
		Unit 103	<input type="checkbox"/> Remove
		Tampa FL. 18106	<input checked="" type="checkbox"/> Change
Mgr	Ramirez Garcia, Leydy A.	8420 Del Lago Circle	<input type="checkbox"/> Add
		Unit 103	<input type="checkbox"/> Remove
		Tampa FL. 18106	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

[illegible]

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 September 29 2020



Signature of a member or authorized representative of a member

Ledy A. Ramirez Garza
Typed or printed name of signee

Typed or printed name of signee

Filing Fee: \$25.00