

120000024798

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

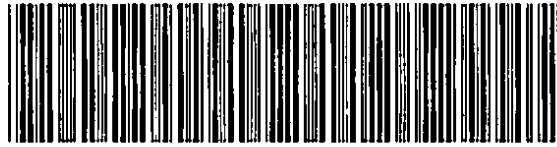
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED

2021 MAR 29 PM 12:22

SECRETARY OF STATE  
TALLAHASSEE, FL

Amend

APR 08 2021

D CUSHING

O: Registration Section  
Division of Corporations

SUBJECT: Clementine Foods  
 \_\_\_\_\_  
 Name of Limited Liability Company

he enclosed Articles of Amendment and fee(s) are submitted for filing.

lease return all correspondence concerning this matter to the following:

JAMES Brian Sammers  
 \_\_\_\_\_  
 Name of Person

clementinechef LLC.  
 \_\_\_\_\_  
 Firm/Company

2404 N. Morgan St.  
 \_\_\_\_\_  
 Address

Tampa FL 33602  
 \_\_\_\_\_  
 City/State and Zip Code

clementinechef@gmail.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

FILED  
 2021 MAR 29 PM 12:22  
 SECRETARY OF STATE  
 TALLAHASSEE, FL

For further information concerning this matter, please call:

JAMES Brian Sammers  
 \_\_\_\_\_  
 Name of Person

at ( 813 ) 382 2220  
 \_\_\_\_\_  
 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 6, 2021

JAMES BRIAN SOMMERS  
CLEMENTINE FOODS LLC  
2404 N MORGAN ST  
TAMPA, FL 33602

SUBJECT: CLEMENTINE FOODS LLC  
Ref. Number: L20000024798

We have received your document for CLEMENTINE FOODS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must submit the complete application. You are missing page 2.

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

Letter Number: 821A00004803

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Clumentine Foods LLC.

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

FILED  
2021 MAR 29 PM 12:38  
SECRETARY OF STATE  
and assigned

The Articles of Organization for this Limited Liability Company were filed on 1-17-2020  
Florida document number 120000024798

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)

2404 N. Morgan St  
Tampa FL 33602

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:

JAMES BRIAN SUMMERS

New Registered Office Address:

2404 N. Morgan St

Enter Florida street address

Tampa

City

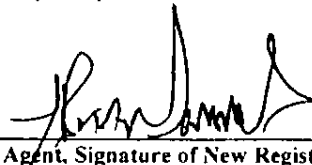
Florida

33602

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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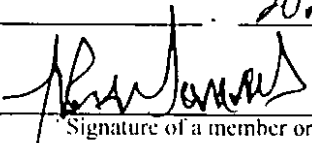
E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(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 3.24 2021



Signature of a member or authorized representative of a member

JAMES BRIAN SAMUELS

Typed or printed name of signee