Division of Corporations



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SILVAS FINANCIAL SERVICES, L.L.C.

Account Number : I20020000100 Phone : (305)944-9755 : (888)401-1914 Fax Number

\*\*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 CHAQUITACLLA SUPERFOOD LLC

Certificate of Status	0
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## **COVER LETTER**

то:	Registration Sec Division of Corp			• •,
en pre	CHAQUITA	CLLA SUPERFOOD LLC		
SUBJE	CT:	Name of Limit	ed Liability Company	
The enc	losed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please r	eturn all correspon	idence concerning this matter t	o the following:	
		GUSTAVO A BALDOVIN		
			Name of Person	
		CHAQUITACLLA SUPER	FOOD LLC	
			Firm/Company	<del></del>
		705 SW 2ND LANE		
			Address	
		POMPANO BEACH, FL 3	3060	
			City/State and Zip Code	
		E-mail address: (t	o be used for future annual report noti	fication)
For fur	ther information co	oncerning this matter, please co	dl:	
GUST	AVO A BALDOV	INO	305 9449755	
	Name of	Person	at () Area Code Daytim	e Felephone Number
Enclose	ed is a check for th	ne following amount:		
□ \$2	5.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	MailingAddres		<u>StreetAddress:</u> Registration Se	ection

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 JUH - 9 PH 2: 59

CHAQUITACLLA SU				
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now an Jability Compar	ocars on our ro	ccards.)	-
The Articles of Organization for this Limited Liability Company Florida document number L20000146102	were filed on	05/29/2020		and assigned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company	<u>y here</u> :		
CHAQUITACLLA SUPERFOODS LLC		<del></del>		1.2
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," (	he designation	"LLC" or the abi	previation "L.L.C.
Enter new principal offices address, if applicable:	N/A			
(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 agent and/or the new registered office address here:  Name of New Registered Agent:  N/A  New Registered Office Address:	N/A address on o			e of the new registered
TO WINGSTON	Enter	r Florida street c	uldress	
			Florida	
<del></del> -	City			Zip Code
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agreewisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in i 2 performanc provided for	e of my duti in Chapter	es, and 1 am <sub>.</sub> 605, F.S. Or.	if this document is

If Changing Registered Agent, Signature of New Registered Agent

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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 = AMBR =	Manager Authorized Member	2020 JUL - 9	Pit 2: 59
<u>Title</u>	<u>Name</u>	Address	Type of Action
N/A			□Add
			□Remove
			Change
			□.Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			Change
		***	□Add
			□Remove
			□ Change

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N/A		2021 July - 0 5
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		<del></del>
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ctive date, if other than the	date of filing:	(optional)
alliante a doza i. lictori the date muc	the specific and exposor be prior to date of fill	ng or more than 90 days after filing.) Pursuant to 605.02 ry filing requirements, this date will not be listed
in the date inserted in this of the Diment's effective date on the Diment's	epartment of State's records.	Ty thing requirements, this date with his section
	•	
oed annulting a dalarrad atticate	e date, but not an effective time, at 12:0	La.m. on the earlier of: (h) The 90th day after t
ord specifies a delayed effective tiled	e units, this include creetive inne, at 12 o	
JUNE 09	2020	
ed	<del></del> ,	
	R.D	
	Signature of a member or authorized repres	entative of a member
	•	

Filing Fee: \$25.00