

L20 000 1819 38

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

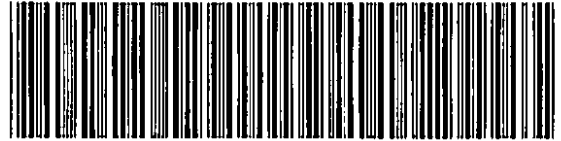
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



600348991166

07/27/20--01054--007 \*\*30.00

RECEIVED

JUL 24 2020

SEP 11 2020

S. YOUNG

CLERK OF SUPERIOR COURT  
DIVISION OF CORPORATE & COMMERCIAL  
MILWAUKEE, WISCONSIN

2020 JUL 24 AM 7:21

FILED

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** A Foodie Orgy  
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:

Oluwabukola Adejare

Name of Person

A Foodie Orgy

Firm/Company

106 Wheatfield Cir.

Address

Sanford, FL 32771

City/State and Zip Code

oadejare78@yahoo.com

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

For further information concerning this matter, please call:

Oluwabukola Adejare

407 860-0323  
at (        )

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

FILED  
2020 JUL 24 AM 7:21  
and assigned  
JENNIFER L. STALL  
VISION INCORPORATION  
MAILING SERVICE, INC.

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

Florida document number L20000181938

**A. If amending name, enter the new name of the limited liability company here:**

**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>                      |
|--------------|---------------------|---------------------|--------------------------------------------|
| AMBR         | Oluwabukola Adejare | 106 Wheatfield Cir. | <input type="checkbox"/> Add               |
|              |                     | Sanford, FL 32771   | <input type="checkbox"/> Remove            |
|              |                     |                     | <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            |
|              |                     |                     | <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            |
|              |                     |                     | <input type="checkbox"/> Add               |
|              |                     |                     | <input type="checkbox"/> Remove            |
|              |                     |                     | <input type="checkbox"/> Change            |

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**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.

Dated 7/23 2020

Rh Ad

**Oluwabukola Adejare**

**Filing Fee: \$25.00**