LZO 000 226024

(Requestor's Name)	
(Address)	900356807449
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	12/29/2001011005 ++25.00
Certified Copies Certificates of Status	2
Special Instructions to Filing Officer:	FILED 2020 DEC 28 PH
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Office Use Only

2/3/21

COVER LETTER

TO:	Registration Se Division of Co			
SUBJEC	Meatpackii			
50000		Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Jesus Ortega		
			Name of Person	
		Meatpacking LLC		
			Firm/Company	
		11253 NW 88th Terrace		
			Address	
		Doral, FL 33178		
		vbcsllc@aol.com	City/State and Zip Code	
		-	to be used for future annual report notific	cation)
For furth	er information c	concerning this matter, please c	all:	
Jesus Or	tega		305 772-4257	
	Name o	of Person		Telephone Number
Enclosed	l is a check for t	he following amount:		
■ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy tadditional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres Registration		Street Address: Registration Sect	ion

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears on our records.) d Liability Company)	
ny were filed on July 29, 2020	and assigned
ability company here:	
bility Company," the designation "LLC" or	the abbreviation "L.L.C."
	
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and dross on our resembs, enter the	name of the Bay regist
e address on our records, enter the	name of the new registr
Enter Florida street address	
· ·	
, Florid	la Zip Code
	, Florid

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 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>	Type of Action
AMBR	Antonio M. Nucete L.	_	■Add
			□Remove
		 	☐ Change
AMBR	Jose A. Oropeza D.		■Add
			□Remove
			Change
			Remove
			Change
			□Remove
			□Change
			□Add
			Change
		 	Remove

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				202
				2020 DEC 28
				<u> </u>
				
				. P
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ective date, if other than the date of effective date is listed, the date must be specifie: If the date inserted in this block does ument's effective date on the Department cord specifies a delayed effective date, but filed.	not meet the applical t of State's records.	ble statutory filing req	uirements, this date wi	II not be listed
December 18	2020			
ed		_ <i>·</i>		
Ma				

Filing Fee: \$25.00