

L20 000272 999

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

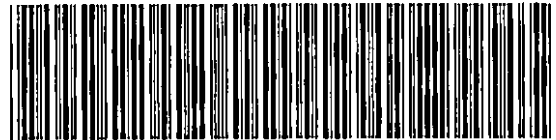
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/13/20--01002--001 **25.00

FILED
2020 OCT 13 PM 2:15
CLERK OF STATE
TALLAHASSEE, FL

11/10/20

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ICHTHYS AGRIBUSINESS 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:

ALEX GODOY

Name of Person

ICHTHYS AGRIBUSINESS LLC

Firm/Company

16796 PATIO VILLAGE LN

Address

WESTON, FL. 33326

City/State and Zip Code

ALEX.GODOY@SEMBRAR.INFO

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

For further information concerning this matter, please call:

ALEX GODOY

954 4408107
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

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
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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		_____	<input type="checkbox"/> Change

2020 OCT 13 PM 2:15
STATE OF MISSISSIPPI
SECRETARY OF STATE

Form **8821**

(Rev. February 2020)

Department of the Treasury
Internal Revenue Service**Tax Information Authorization**► Go to www.irs.gov/Form8821 for instructions and the latest information.

► Don't sign this form unless all applicable lines have been completed.

► Don't use Form 8821 to request copies of your tax returns
or to authorize someone to represent you.

OMB No. 1545-1165

For IRS Use Only

Received by:

Name _____

Telephone _____

Function _____

Date _____

1 Taxpayer information. Taxpayer must sign and date this form on line 7.

Taxpayer name and address

DILEYNIS NAVARRO
448 EAST 15ST
HIALEAH FL 33010

Taxpayer identification number(s)

539-71-5288

Daytime telephone number

305-775-2561

Plan number (if applicable)

2 Appointee. If you wish to name more than one appointee, attach a list to this form. Check here if a list of additional appointees is attached ► ☐

Name and address

ROBERTO NUNEZ
7900 OAK LANE SUITE 400
MIAMI LAKES 33016

CAF No. _____

0314-08859R

PTIN _____

P02223475

Telephone No. _____

954-440-8107

Fax No. _____

Check if new: Address ☐ Telephone No. ☐ Fax No. ☐**3 Tax Information.** Appointee is authorized to inspect and/or receive confidential tax information for the type of tax, forms, periods, and specific matters you list below. See the line 3 instructions.☒ By checking here, I authorize access to my IRS records via an Intermediate Service Provider.

(a) Type of Tax Information (Income, Employment, Payroll, Excise, Estate, Gift, Civil Penalty, Sec. 4980H Payments, etc.)	(b) Tax Form Number (1040, 941, 720, etc.)	(c) Year(s) or Period(s)	(d) Specific Tax Matters
INCOME	1040	2019	REFUND STATUS

4 Specific use not recorded on Centralized Authorization File (CAF). If the tax information authorization is for a specific use not recorded on CAF, check this box. See the instructions. If you check this box, skip lines 5 and 6 ► ☐**5 Disclosure of tax information** (you must check a box on line 5a or 5b unless the box on line 4 is checked):**a** If you want copies of tax information, notices, and other written communications sent to the appointee on an ongoing basis, check this box ► ☒**Note:** Appointees will no longer receive forms, publications, and other related materials with the notices.**b** If you don't want any copies of notices or communications sent to your appointee, check this box ► ☐**6 Retention/revocation of prior tax information authorizations.** If the line 4 box is checked, skip this line. If the line 4 box isn't checked, the IRS will automatically revoke all prior Tax Information Authorizations on file unless you check the line 6 box and attach a copy of the Tax Information Authorization(s) that you want to retain ► ☐

To revoke a prior tax information authorization(s) without submitting a new authorization, see the line 6 instructions.

7 Signature of taxpayer. If signed by a corporate officer, partner, guardian, partnership representative (or designated individual, if applicable), executor, receiver, administrator, trustee, or party other than the taxpayer, I certify that I have the legal authority to execute this form with respect to the tax matters and tax periods shown on line 3 above.

► IF NOT COMPLETE, SIGNED, AND DATED, THIS TAX INFORMATION AUTHORIZATION WILL BE RETURNED.

► DON'T SIGN THIS FORM IF IT IS BLANK OR INCOMPLETE.

Signature

DALENYS NAVARRO

Print Name

Date

Title (if applicable)