

L20000301424

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

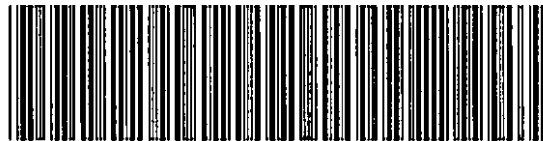
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

wrong form

Office Use Only



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FILED

2020 DEC 22 PM 1:17

OFFICE OF THE STATE
TALLAHASSEE, FL

O SIMMONS
DEC 22 2020



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 14, 2020

MISSALYS PEREZ
753 E 40TH ST
HIALEAH, FL 33013

SUBJECT: EVERGREEN FINANCIAL, LLC
Ref. Number: L20000301424

We have received your document for EVERGREEN FINANCIAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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.

Octavia L. Simmons
Regulatory Specialist II Supervisor

Letter Number: 020A00025235

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Evergreen Financial, 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:

Missalys Perez
Name of Person

Evergreen Financial, LLC
Firm/Company

753 E 40 St
Address

Hialeah FL 33013
City/State and Zip Code

evergreen.tnys@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Missalys Perez at (305) 527-5504
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

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

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Evergreen Financial LLC

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

COUNTY OF STATE
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 9/23/2020 and assigned
Florida document number L20000301424.

This amendment is submitted to amend the following:

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

RMM Food Store, LLC

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

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

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SEAL OF STATE
N/A

Title

Name

Address

Type of Action

N/A

N/A

☐ Add

☐ Remove

☐ Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Please have name correction filed original document and
the tax id is not available.

DEPARTMENT OF STATE
TALLahassee, FL

E. Effective date, if other than the date of filing: 11/03/2020 (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 November 3, 2020.

Signature of a member or authorized representative of a member

Milagros Perez

Typed or printed name of signee

Filing Fee: \$25.00