

L20000311290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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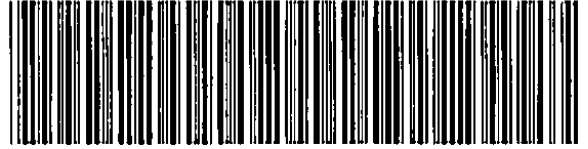
(Business Entity Name)

(Document Number)

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2020 NOV 16 PM 4:04

FILED

12/18/20
SP

TO: Registration Section
Division of Corporations

SUBJECT: Fiwi Island Food & Grocery
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:

Jean Bowles-warren
Name of Person

Fiwi Island Food & Grocery
Firm/Company

4845 Green Hills Circle
Address

Zephyr
City/State and Zip Code

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

For further information concerning this matter, please call:

Jean Bowles-warren at (954) 328-1884
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

TO
ARTICLES OF ORGANIZATION
OF

Fiwi Island Food and Grocery
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on October 02, 2020 and assigned Florida document number L20000311290.

This amendment is submitted to amend the following:

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

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:

(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 agent and/or the new registered office address here:

Name of New Registered Agent:

Joan Bowles-warren

New Registered Office Address:

5151 Gull Blvd.

Enter Florida street address

Zephyrhills

City

Florida 33542

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.

Joan Bowles-warren

If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of</u>
<u>MGR</u>	<u>Orlando K Bowes</u>	<u>7626 Merchantville Circle</u> <u>Zephyrhills, FL 33540</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Rem <input type="checkbox"/> Chan
<u>MGR</u>	<u>Joanie Bowes-warren</u>	<u>4845 Green Hills Circle</u> <u>Antioch, FL 94531</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Rem <input type="checkbox"/> Chan
<u>Owner</u>	<u>Joan Bowes-warren</u>	<u>4845 Green Hills Circle</u> <u>Antioch CA 94531</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Rem <input type="checkbox"/> Chan
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(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 605.02

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.

Signature of a member or authorized representative of a member

John Barnes-Warren
Typed or printed name of signer