

L21000074136

(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



000373647750

09 24 21--01032--011 ++113.75

FILED

2021 NOV 16 PM 4:51

SECRETARY OF STATE
TALLAHASSEE, FL

O SIMMONS

NOV 18 2021

M



FLORIDA DEPARTMENT OF STATE
Division of Corporations

2021 NOV 15 PM 12:22

FE

October 28, 2021

JONATHAN SALOMAN
5650 NE 2ND AVE, STE C
MIAMI, FL 33137

SUBJECT: KEEPING IT HAITIAN VENDORS ASSOCIATION LLC
Ref. Number: L21000074136

We have received your document for KEEPING IT HAITIAN VENDORS ASSOCIATION LLC and your check(s) totaling \$. 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 LP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

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: 121A00026292

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Keep It Haitian Vendors Association 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:

Jonathan Saloman
Name of Person

Keep It Haitian Vendors Association LLC
Firm/Company

5650 NE 2nd Ave, Suite C
Address

Miami, FL 33137
City/State and Zip Code

fernvanetystore59@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jonathan Saloman at (305) 757-8670
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 **FILED**
OF

2021 NOV 16 PM 4:51

Keeping It Haitian Vendors Association LLC
Name of the Limited Liability Company as it now appears on our records
(A Florida Limited Liability Company) STATE OF FLORIDA, FL

The Articles of Organization for this Limited Liability Company were filed on February 12, 2021 and assigned Florida document number L21000074136.

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 "LLC."

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:

Jonathan Saloman

New Registered Office Address:

5650 NE 2nd Ave, Suite C

Enter Florida street address

Miami

City

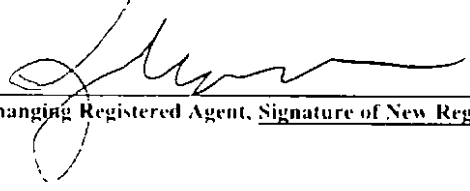
Florida

33137

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.


Jonathan Saloman
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>
MGR	Ashley Toussaint	5650 NE 2 nd Ave	<input type="checkbox"/> Add
		Suite C	<input checked="" type="checkbox"/> Remove
		Miami, FL 33137	<input type="checkbox"/> Change
MGR	Jonathan Salzman	5650 NE 2 nd Ave	<input checked="" type="checkbox"/> Add
		Suite C	<input type="checkbox"/> Remove
		Miami, FL 33137	<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

[illegible]

(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)

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 13 . 2021


Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Ahileu Toussaint

Typed or printed name of signee

Filing Fee: \$25.00