

LZ1000170590

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

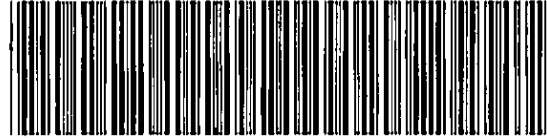
(Business Entity Name)

(Document Number)

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FILED

2021 MAY 10 AM 9:59

Amend
Name
chg

JUN 19 2021
I ALBRITTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERICAN STUFFED FOODS LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nelson Montanez

Name of Person

Firm/Company

6717 Banner Lake Circle Apt 11208

Address

Orlando, FL 32821

City/State and Zip Code

montanez.nelson@gmail.com

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

For further information concerning this matter, please call:

Nelson Montanez

407 663-2354
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

FILED
2021 MAY 10 AM 9:59
U.S. DISTRICT COURT
SOUTHERD DISTRICT OF NEW YORK

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

This amendment is submitted to amend the following:

UNIVERSAL STUFFED FOODS LLC

6717 BANNER LAKE CIRCLE

APT 11208

ORLANDO, FL 32821

6717 BANNER LAKE CIRCLE

APT 11208

ORLANDO, FL 32821

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

('iv

Zip Code

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

[illegible]

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

AMENDED ARTICLES OF ORGANIZATION ATTACHED

E. Effective date, if other than the date of filing: _____ (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 MAY 6, 2021

Signature of a member or authorized representative of a member

NELSON MONTANEZ

Typed or printed name of signee

Filing Fee: \$25.00