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(Requestor's Name)
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PICK-UP WAIT MAIL
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Special Instructions to Filing Officer:
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Office Use Only



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05/07/21--01004--010 **25.00

COVER LETTER

TO:

TO: Registration Division of C			
	UARE 3 LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	MASSIMO MELONE		
		Name of Person	
	FOODSQUARE 3 LLC		
		Firm/Company	
	20 BOXWOOD RD		
		Address	
	HOLLYWOOD, FL 3302	I	
		City/State and Zip Code	
	paradisil@hotmail.com		**
For further information	E-mail address: (n concerning this matter, please c	to be used for future annual report not all:	incation)
HECTOR R PARADI	SI	786 256-1431	
Namo	of Person	Area Code Daytin	ne 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 Add		Street Address: Registration Sc	rction
Registration Section Division of Corporations		Division of Co	
P.O. Box 6.	327	The Centre of	Tallahassee
Tallahassee	, FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

bility Company as it now appears on our r rida Limited Liability Company)	ecords.)
y Company were filed on 04/21/2021	and assigned
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ŗ.	
imited liability company here:	
Limited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
~	
DRESS)	
ered office address on our records, <u>e</u> <u>c</u> :	enter the name of the new registion
Enter Florida street c	ıddress
	4.
City	_, Florida Zip Code
	imited liability company here: Limited Liability Company," the designation DRESS) red office address on our records, e

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	ANDRES E PLANCHART	488 NE 18 ST # 1500, MIAMI, FL. 33132, US	□Add
		<u> </u>	≣Remove
			□Change
MGR	HECTOR R PARADISI	20 BOXWOOD RD, HOLLYWOOD, FL. 33021	□Add
			■Remove
			🗆 Add
			□Remove
			□Change
			□Add
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			□Change

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iote:	ve date, if other than the date of filing: (optional) ctive 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 605.020 of the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed and the date on the Department of State's records.
record is file	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
ated _	Signature of a member or authorized representative of a member

Filing Fee: \$25.00