L22-000/09205

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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2023 OCT 11 PH12: 43

September 16, 2023

ALEXANDER TRUJILLO 3700 GERBER DAIRY RD WINTER HAVEN, FL 33880

SUBJECT: TRUJILLO COALLA BAMBOO LLC

Ref. Number: L22000361454

We have received your document for TRUJILLO COALLA BAMBOO 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 CORPORATION, but your entity is a 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.

Tammi Cline
Regulatory Specialist II Supervisor

Letter Number: 623A00021399

UCI 1 1 2023

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TRUTILLO COALLA BA	
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
ALEXANDER TRUJILLO	
Name of Person	
TRUTILLO CALLA BAMBOO Firm/Company	2023 OC i
3700 GERBER DAIRY Zo.	
Address Winter Haven, F. 33880 City/State and Zip Code	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
City/State and Zip Code	_
E-mail address: (to be used for future annual report notified	cation)
For further information concerning this matter, please call:	
Name of Person at (305) 987 - 0992 Area Code & Daytime Telephone Number
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

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

S25 Filing Fee

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Name of the limited liability company:	TRUTILL	O COALLA	BAMBOO			
2. (a) 3700 GERBER DAIRY RO.						
Principal office address of limited liability con (Note: MUST BE STREET ADDRESS WINTER Haven, Tr. 33680		(b)	Mailing address (Note: MAY		-	
ONTER MARIN, 11. 33800			,			
MARCH 2, 2022			- 22 000 10	9205		
3. Date of filing/registration in Florida	a	4,	Document n	umber		
5. (a) UNITED STATES LOR PORATION	VI Apon	T. INC.				
Registered Agent and Registered Office shown on the	records of the	e Florida Dept. of	State:			
15575 S. SEMORAN BL	ND. /36	,)		≂;	2023	
Registered Office Address (MUST BE FLORIDA				* -	301	- Ti
				777		es arress
ORLANDO	, FL	32812		- H. W. S.	.023 OCT PM 2: 4:	;
1	·				2	
(b) ALEXANDER TRUTTUO						_
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered C	Office address:			ω	
VEW Decimal Office Address						
NEW Registered Office Address:						
3700 berser Dancy Ro.						
WINTER HAVEN	. FL	33880				
If the limited liability company is not organized und change or changes are made, the Florida street addragent will be identical. Or, in the case of a Florida was/were authorized by an affirmative vote of the number of the articles of organization or the operating agreement.	ess of the re limited liab nembers of ent of the li	egistered office ility company, the limited liab mited liability (and the busines it is hereby conf illity company of	s office of irmed that r as othery	the reg t the cha vise pro	istered ange(s)
Signature of a member or author for representative of a men	nber		Printed or type	rd name∕of s	ignec	
I hereby accept the appointment as registered ager provisions of all statutes relative to the proper and the obligations of my position as registered agent a to merely reflect a change in the registered office as notified in writing of the change.	nt and agree complete po s provided j ddress, I he	e to act in this c erformance of n for in Chapter (reby confirm th	rapacity. I furth ny duties, and I i 605, F.S. Or, if nat the limited lid	er agree to am familio this docun ability con	o comply ir with conent is ho pent is ho pany ho	y with the and accept being filed as been
Signature of Registered Agent						
aignature of registered regent						