

H220001920453

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

**L220001920453**

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H220001920453)))



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**To:**

Division of Corporations  
 Fax Number : (850)617-6383

**From:**

Account Name : EXPERTAX  
 Account Number : I20200000010  
 Phone : (407)777-7470  
 Fax Number : (321)206-9743

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
 MEV'S FOODS COMPANY LLC**

Certificate of Status	1
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Page Count	05
Estimated Charge	\$30.00

2022 JUN -1 PM 4:27

2022 JUN -1 AM 11:13

APPROVED  
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JUN -2 2022

K. Brumblay

**COVER LETTER**

H220001920453

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MEV'S FOODS COMPANY 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:

MARIA EUGENIA VARGAS DE HERNANDEZ

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

11515 WINGHAM CT

\_\_\_\_\_  
Address

ORLANDO, FL 32837

\_\_\_\_\_  
City/State and Zip Code

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

For further information concerning this matter, please call:

MARIA EUGENIA VARGAS DE HERNANDEZ

at ( 407 ) 485-2923

\_\_\_\_\_  
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

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

H220001920453

MEV'S FOODS COMPANY LLC

(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 05/04/2022 and assigned  
Florida document number L22000185751.

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**)

11515 WINGHAM CT

ORLANDO, FL 32837

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

11515 WINGHAM CT

ORLANDO, FL 32837

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

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.

If Changing Registered Agent, Signature of New Registered Agent

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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>
.....	.....	.....	<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
.....	.....	.....	<input type="checkbox"/> Add
		.....	<input type="checkbox"/> Remove
		.....	<input type="checkbox"/> Change
.....	.....	.....	<input type="checkbox"/> Add
		.....	<input type="checkbox"/> Remove
		.....	<input type="checkbox"/> Change

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

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

**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 \_\_\_\_\_, \_\_\_\_\_

MV

Signature of a member or authorized representative of a member

MARIA EUGENIA VARGAS DE HERNANDEZ

Typed or printed name of signer