

Division of Corporations

8/10/23, 2:32 PM

L23000311519

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LONG LAW, P.A.
Account Number : I20200000163
Phone : (239)400-2060
Fax Number : (239)268-6101

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

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2023 AUG 10 PM 2:46

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
NAPLES CITY FOOD & FRIENDS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

2023 AUG 10 AM 8:54

T. LEMIEUX

AUG 11 2023

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAPLES CITY FOOD & FRIENDS 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:

JIMENA PERFETTO

Name of Person

EKA TAX SERVICE & NOTARY PUBLIC

Firm Company

2233 44TH TERRACE SW

Address

NAPLES FLORIDA 34116

City/State and Zip Code

eknotarypublic.taxservice@gmail.com

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

For further information concerning this matter, please call:

JIMENA PERFETTO

239 465-6512

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

NAPLES CITY FOOD & FRIENDS 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 06/29/2023 and assigned Florida document number L23000311519

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:

297 BAY MEADOWS DR

(Principal office address MUST BE A STREET ADDRESS)

NAPLES, FL 34113

Enter new mailing address, if applicable:

297 BAY MEADOWS DR

(Mailing address MAY BE A POST OFFICE BOX)

NAPLES, FL 34113

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

DocuSign Envelope ID: ADAFE668-4F80-4000-969C-F6C4535DC707

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>
mng	TAYLOR, FABIAN G	297 BAY MEADOWS DR	☐ Add
		NAPLES, FL 34113	☒ Remove
			☐ Change
mnd	NAVARRO, RODRIGO	297 BAY MEADOWS DR	☐ Add
		NAPLES, FL 34113	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

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 08/10 2023

Signature of a member or authorized representative of a member 6/10/2023

RODRIGO NAVARRO

Typed or printed name of signer

Filing Fee: \$25.00