

11/14/22

M180000006691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

ST 11/14/22

Office Use Only



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03.02/22 10:00:01 -0000 *95.00

2022 NOV 14 AM 9:58

11:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2022

MRS. ALINA ROUCH
SPECIAL NUTRIENTS, LLC.
2766 SW DOUGLAS RD
MIAMI, FL 33133

SUBJECT: SPECIAL NUTRIENTS, LLC
Ref. Number: M18000006691

We have received your document for SPECIAL NUTRIENTS, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Domestic Limited Liability Company, but your entity is a Foreign Limited Liability Company. 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) 245-6862.

Sean Toner
Director

Letter Number: 822A00023909

November 7th, 2022

Florida Department of State
Division of Corporations

To whom it may concern,

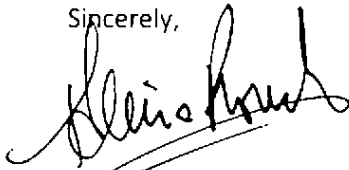
Ref.: Letter number 822A00023909, Special Nutrients, LLC

As requested, we are re-submitting our request with the corrections recommended, along with a copy of your letter.

On our original request, we made a payment of \$55, for that reason we are not duplicating payment at this time.

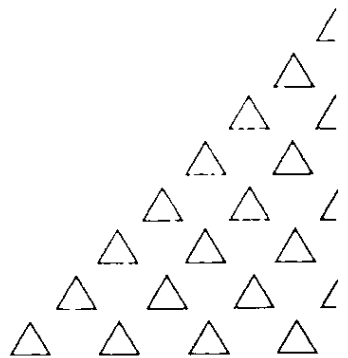
If I can be of any further assistance, please do not hesitate to contact me directly, at my office number 305-857-9830.

Sincerely,



Alina Rouch

General Manager



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SPECIAL NUTRIENTS, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Alina Rouch

Name of Person

SPECIAL NUTRIENTS, LLC

Firm/Company

2766 S.W. DOUGLAS RD

Address

MIAMI, FL 33133

City/State and Zip Code

a.rouch@specialnutrients.com

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

For further information concerning this matter, please call:

Alina Rouch

Name of Person

at (305) 857-9830 X215

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

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☐ \$30 Filing Fee & Certificate of Status ☒ \$55 Filing Fee & Certified Copy * ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

CR2E055 (9/15)

PAYMENT MADE ON ORIGINAL FILING REQUEST
See letter ATTACHED (NUMBER 822A00023909)

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: SPECIAL NUTRIENTS, LLC

Enter new principal office address, if applicable:

SAME AS ON FILE

(Principal office address

MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

SAME AS ON FILE

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is:

M18000006691

3. Jurisdiction of its organization:

STATE OF Delaware

4. Date authorized to do business in Florida:

7/20/2018

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company:

NO CHANGES

(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>P</u>	<u>Johan de Schepper</u>	<u>Booiebos</u> <u>59031 Drongen Belgium</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Fernando TAMAMES III</u>	<u>101 Ocean Lane</u> <u>Drive, Apt 1012 Key Biscayne</u> <u>FL 33149</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>TOM LAMBERT</u>	<u>2766 SW Douglas Rd</u> <u>MIAMI, FL 33133</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove CHANGE ADDRESS
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

TOM LAMBERT

Typed or printed name of signee

Filing Fee: \$25.00