

M240000007489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

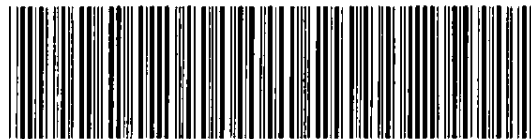
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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09/04/24--01022--007 **25.00

2024 SEP 4 PM 1:11
CLERK OF COURT

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: Freshbite Vending LLC- Replacement of existing partner Vinayak Waivekar to Kavya Karthik
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:

Chethan Chikkegowda

Name of Person

Freshbite Vending LLC

Firm/Company

25859 Oberlin blvd

Address

Novi, MI 48374

City/State and Zip Code

ttbvend@gmail.com

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

For further information concerning this matter, please call:

Chethan Chikkegowda

Name of Person

408 4806524
at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 12, 2024

CHETHAN CHIKKEGOWDA
25859 OBERLIN BLVD
NOVI, MI 48374

SUBJECT: FRESHBITE VENDING LLC
Ref. Number: M24000007489

We have received your document for FRESHBITE VENDING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

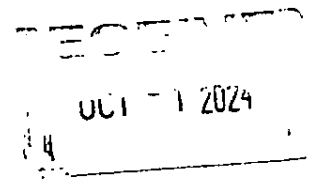
The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LLC. Please complete and return the enclosed blank form(s).

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) 245-6000.

Rebekah Lefeavers
Regulatory Specialist III

Letter Number: 424A00020444



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Freshbite Vending 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:

CHETHAN CHIKKEGOWDA

Name of Person

FRESHBITE VENDING LLC

Firm/Company

25859 OBERLIN BLVD

Address

NOVI MI 48374

City/State and Zip Code

efbvend@gmail.com

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

For further information concerning this matter, please call:

CHETHAN CHIKKEGOWDA at (408) 480 6524

Name of Person

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

**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: FRESHBITE MENDING LLC

Enter new principal office address, if applicable: 9624 7th CIR apt 1521

(Principal office address

MUST BE A STREET ADDRESS)

PLANTATION FL 33324

Enter new mailing address, if applicable: _____

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M2400007489

3. Jurisdiction of its organization: _____

4. Date authorized to do business in Florida: 06/14/2024

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

5. New name of the limited liability company: _____
(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>Partner</u>	<u>VINAYAK WALVEKAR</u>	<u>25817 Wembley dr,</u> <u>NOVI, MI 48374</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>PARTNER</u>	<u>KAVYA KARTHIK</u>	<u>39519 Tuscanwy ^{CE}</u> <u>NOVI, MI 48375</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<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.

C. Chethan
Signature of the authorized representative

CHETHAN CHIKKE GOWDA
Typed or printed name of signee

Filing Fee: \$25.00