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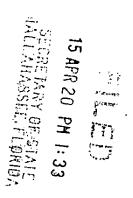
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### **COVER LETTER**

SUBJECT:	EN BRANDS LLC D/B/A CARNIVAL DISCOUNT GROCERS
	Name of Limited Liability Company
The enclosed Articles of	Amendment and fee(s) are submitted for filing.
Please return all correspo	ndence concerning this matter to the following:
	Alejandro A. Cornelio
	Name of Person
	Nextgen Brands LLC
	Firm/Company
	901 Obispo Avenue
	Address
	Coral Gables, FL 33134
	City/State and Zip Code
	acornelio@echopartners.net
	E-mail address: (to be used for future annual report notification)
For further information c	oncerning this matter, please call:
Alejandro A. Corne	
Name o	f Person at ()  Area Code Daytime Telephone Numbe

MAILING ADDRESS:

■ \$25.00 Filing Fee

□ \$30.00 Filing Fee &

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

□ \$60.00 Filing Fee,

Certificate of Status & Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nextgen Brands LLC d/b/a Carnival Discount Grocers (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 May 27, 2010 and assigned Florida document number L010000057384 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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 901 Obispo Avenue Enter new principal offices address, if applicable: Coral Gables, FL 33134 (Principal office address MUST BE A STREET ADDRESS) 901 Obispo Avenue Enter new mailing address, if applicable: Coral Gables, FL 33134 (Mailing address MAY BE A POST OFFICE BOX) 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: 20 Stephen D. Field, P.A. Name of New Registered Agent: 102 E. 49 Street New Registered Office Address: Enter Florida street address Hialeah Florida

#### 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, E.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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

Title Name Address Type of Action

MGR CARLOS J. GALAN 13761 155TH PLACE Add

JUPITER, FL 33478 Remove

 		_ □ Add _□ Remove
	PACUAHASSEE	Add
 	STATE OF DA	Remove
 		_□ Add □ Remove

•	ng any other information, enter change(s) here: (Attach additional sheets, if necessary. LY REMAINING MEMBER IS A. CORNELIO, OWNING 100% INTEREST
, <del> </del>	
	ate, if other than the date of filing: (optional)
e enective le date this	date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after document is filed by the Florida Department of State)
ated	4-16 2015
, atea	
-	Signature of a member or authorized representative of a member
	Alesandro A. Cornelio
-	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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