## L06000055677

(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:	
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Office Use Only



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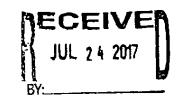
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SECRETARY OF STATE

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K SALY AUG - 1 2017





July 13, 2017

ALDI INC. TAX DEPT. S. BAKER 1200 NORTH KIRK RD. BATAVIA, IL 60510

SUBJECT: ALDI (FLORIDA) L.L.C. Ref. Number: L06000055677

We have received your document for ALDI (FLORIDA) L.L.C. and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

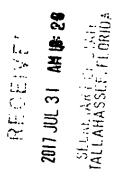
The form you submitted is for a FOREIGN LLC, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 017A00014215





## **COVER LETTER**

TO: Registration Section Division of Corpora			
SUBJECT: ALDI (	BJECT: ALDI (FLORIDA) L.L.C.  Name of Limited Liability Company  e enclosed Articles of Amendment and fee(s) are submitted for filing.  sease return all correspondence concerning this matter to the following:  S. BHKER  Name of Person  ALDI INC. TAX Dept  Firm/Company  1200 North KIRK ROAD  Address  BATAVIA   L. GSIO  City/State and Zip Code  Corptaxe Adv. US  E-mail address: (to be used for future annual report notification)  or further information concerning this matter, please call:  S. BAKER  Name of Person  at G30  T61-2773  Daytime Telephone Number  neclosed is a check for the following amount:  D \$25.00 Filing Fee  Certificate of Status  Certificate copy: Gaddiniand copy is enclosed) Certified Copy: Gaddiniand copy is enclosed) Certified Copy: Gaddiniand copy is enclosed)		
The enclosed Articles of Ame	endment and fee(s) are subm	itted for filing.	
Please return all corresponder	nce concerning this matter to	the following:	
	S. BAKER		
		Name of Person	
	ALDI INC.	TAX DEPT	<del></del>
		Firm/Company	
	1200 NORTH	KIRK RUAD  Address	
	District	. 1.0510	
	DATAVIT	City/State and Zip Code	
-	Corptaxe Ald E-mail address: (1)	o be used for future annual report notifica	ition)
< 2 4.	ا ا	or (630 ) 761-27	7 ?
Name of Pe	erson	Area Code Daytime T	elephone Number
			Section William Fee
□ \$25.00 Filing Fee		Certified Copy	Certificate of Status &

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

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

ARTIC	CLES OF ORGANIZATION	$\mathcal{S}_{L}$
	OF	2015
ALDI CFL	ORISA) L.L.C.	our records: 11 1 15 14 PM 4: 50
(A)	ALDI (FLORIDA) L.L.C.  (Name of the Limited Liability Company as it now appears on our records; 71 Land Section (A Florida Limited Liability Company)  (B   4   06   and assigned and assigned number L 06 000 \$ \$ \$ 677 \].  (Sability Company)  (Sability	
The Articles of Organization for this Limited Liab	oility Company were filed on	6 4 06 and assigned
Florida document number <u>L0600055</u>	677.	
This amendment is submitted to amend the follow	ring:	
A. If amending name, enter the new name of the	he limited liability company here:	
N/A		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the desig	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	· · · · · · · · · · · · · · · · · · ·
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	OX)	
		ir records, enter the name of the new
registered agent and/or the new registered offic	ce address here:	
Name of New Registered Agent:		
New Registered Office Address:	N/A	
The megioteted office manifest	Enter Florida	street address
		, Florida
	Сііу	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.

> N/A If Changing Registered Agent. Signature of New Registered Agent

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>	Name	Address	Type of Action
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Effective date fan effective de Note: If the dedocument's e	ate is listed, tl date inserted	e date must t in this bloc	e specific ar k does not	id cannot b meet the	e prior to c applicable	ate of filing	or more that	m 90 days a	ater nung	.) Pursuan	to 605.020 e listed as
ne record s The 90th	day after	the reco	d is filed	•				at 12:0	1 a.m.	on the e	earlier c
Dated <u>Ju</u>	LY 24	<del>)</del>	· •	., <u>Z</u>	017	Ban	el :				
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Page 3 of 3

Filing Fee: \$25.00