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	(Requestor's Name	e)				
<u></u> .	(Address)					
	(Address)					
(City/State/Zip/Phone #)						
PICK-UF	P WAIT	MAIL MAIL				
	(Business Entity Na	ame)				
(Document Number)						
Certified Copies	Certificate	es of Status				

Special Instructions to Filing Officer:

L. SELLERS

JAN 21 2011

EXAMINER

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TALLAHA MESUSLORIDA

COVER LETTER

TO:,	Registration Section Division of Corporations	
SUBJE	T: Mayort Food Store LLC Name of Limited Liability Company	
The end	sed Articles of Amendment and fee(s) are submitted for filing.	
Please 1	urn all correspondence concerning this matter to the following:	
	Geurg Khouri Name of Person Mayport Food Store Firm/Company 2550 Mayport Rd Address Address Address	
	City/State and Zip Code	•
For furt	er information concerning this matter, please call:	
Ge	Name of Person at GOH 249 - 1040 Area Code & Daytime Telephone Number	
Enclose	is a check for the following amount:	
□ \$25.	Filing Fee Certificate of Status Certificate of Status Certificate of Status 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/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

May port food Store 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 3/13/07 and assigned Florida document number LOD 000020780
Fiorida document number
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."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(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:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City Florida City Sign 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 608, 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	Name .	Address	Type of Action
M <u>BEM</u>	Irina Dobina	Jour & 322116	Add Remove
			Add Remove
	•••		Kemove
			Add Remove
	·		Add
•			
<u> </u>			AddRemove
· 		•	Add
,		<u> </u>	Remove
D. If amendir	ng any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
		•	.
			_
Dated	lanuary 14; 20	<u>)//</u>	
· -	Ge	or authorized representative of a member Wy Hawi or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00