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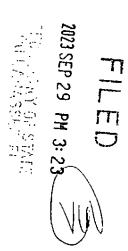
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COVER LETTER

| TO: Registration S Division of Co | | | |
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| | SOLES SUPERMARKET LL | .c | * |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please return all correspo | ondence concerning this matter | to the following: | |
| | ALEJANDRO PICHARD | О | |
| | | Name of Person | |
| Enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: ALEJANDRO PICHARDO Name of Person ACCOUNTING OF ORLANDO LLC Firm/Company 1706 E SEMORAN BLVD SUTTE 103 Address APOPKA, FL 32703 Chy/State and Zip Code APICHARDO@ACCOUNTINGORL.COM E-mail address (to be used for future annual report notification) For further information concerning this matter, please call: ALEJANDRO PICHARDO Name of Person 1407 5747340 att Area Code Daytine Telephone Number Enclosed is a check for the following amount: 2 \$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) Mailling Address: Street Address: | | | |
| | | Firm/Company | |
| | 1706 E SEMORAN BLVI | O SUITE 103 | |
| | | Address | |
| | APOPKA, FL 32703 | | |
| | | City/State and Zip Code | |
| | · ·· | | |
| For further information c | | · | utteation |
| ALEJANDRO PICHAR | DO | | |
| Name o | f Person | | me Telephone Number |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | | Certified Copy | Certificate of Status & |
| Mailing Addres Registration S | | | uetion |
| Division of C | | Registration S Division of Co | |
| P.O. Box 632 | | The Centre of | Tallahassee |
| Tallahassee, I | tt. 32314 | 2415 N. Monr | oe Street, Suite 810 |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| LOS GIRASOLES SUPERMARKET LLC | | |
|--|---|------------------------------|
| (Name of the Limited Liability Compa (A Florida Limited) | iny as it now appears on our records. Liability Company) | 1 |
| The Articles of Organization for this Limited Liability Company Florida document number L07000124770 | were filed on 12/17/2007 | and assigned |
| riorida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited liab | ility company here: | |
| | | · · · |
| The new name must be distinguishable and contain the words "Limited Liabil | lity Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| Principal office address MUST BE A STREET ADDRESS) | | · 20 |
| | | 23 S |
| | | |
| Enter new mailing address, if applicable: | | 29 |
| • | | र्थतं 🚡 🔟 |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| | 11 | - |
| 3. If amending the registered agent and/or registered office a agent and/or the new registered office address here: | address on our records, <u>enter th</u> | e name of the new regis |
| Name of New Registered Agent: | | |
| New Registered Office Address: | 1 | |
| | Enter Florida street address | |
| | Flor | ida |
| | 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

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> | <u>Name</u> | Address | Type of Action |
|--------------|------------------|----------------------------|-----------------|
| MGR | MARTIN RODRIGUEZ | 644 N. WEKIWA SPRINGS ROAD | |
| | | APOPKA. FL 32712 | |
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| Tective date, if other than the neffective date is listed, the date mater. If the date inserted in this becament's effective date on the I | block does not meet the app | theable statutory filing rec | (optional) nan 90 days after filing.) Pursuant to puirements, this date will not be | 5 605.0207 Elisted as |
| cord specifies a delayed effecti s filed. | ive date, but not an effective | e time, at 12:01 a.m. on th | ne earlier of: (b) The 90th day | after the |
| september 22 | 2023 | | | |
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