# LOBO00099177

· (Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
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B. BOSTICK
MAR 2 0 2014
EXAMINER

### **COVER LETTER**

TO: Registration Section
Division of Corporations

Unified Wholesale Grocers LLC

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:

Mitchell B. Kirschner, Esq.

Name of Person

Gray Robinson P.A.

Firm/Company

225 NE Mizner Blvd., Suite 500

Address

Boca Raton, FL 33432

City/State and Zip Code

Mitch.Kirschner@gray-robinson.com

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

For further information concerning this matter, please call:

Mitchell B. Kirschner

<sub>31</sub>,561,368-3808

Name of Person

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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Unified Wholesale Grocers LLC			
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appear Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	10/21/2008	and assigned
Florida document number L0800099177		, · · · · · · · · · · · · · · · · · · ·	
This amendment is submitted to amend the following:		1 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	cate France, le de
A. If amending name, enter the new name of the limited liab	ility company he	<u>re</u> : 5	
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the	designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable:	c/o Mitchell	B. Kirschner, Esq	; •
Principal office address MUST BE A STREET ADDRESS)	225 NE Mizner Blvd.,Suite 500		
	Boca Raton	, FL 33432	
Enter new mailing address, if applicable:	c/o Mitchell	B. Kirschner, Esq.	
Mailing address MAY BE A POST OFFICE BOX)	225 NE Mizner Blvd., Suite 500		
•	Boca Raton, FL 33432		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:		our records, enter t	he name of the n
	Enter Flor	ida street address	
		, Florida	
<del></del>	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	If amending the Managers or Authorized Member on our records, <u>enter the title, name, and address of each Manager or</u> Authorized Member being added or removed from our records:				
MGR = Manager AMBR = Authorized Member					
<u>Title</u>	Name	Address	Type of Action		
•			☐ Remove		
	•		☐ Remove		
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			Add		
			Remove		

D. If amending any other information, enter change(s) here: (Attach additional sheets, is Address of Manager (Unified, Inc.) is amended to	
c/o Mitchell B. Kirschner, Esq.	
225 NE Mizner Blvd., Suite 500	
Boca Raton, FL 33432	
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 the date this document is filed by the Florida Department of State)	(optional) days after
Dated February 12, 2014	
Signature of a member or authorized representative of a member  Mitchell B. Kirschner, Authorized Representative	ve
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00



February 27, 2014

MITCHELL B. KIRSCHNER, ESQ GRAY ROBINSON P.A. 225 NE MIZNER BLVD., SUITE 500 BOCA RATON, FL 33432

SUBJECT: UNIFIED WHOLESALE GROCERS LLC

Ref. Number: L08000099177

We have received your document for UNIFIED WHOLESALE GROCERS LLC 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 effective date must be specific and cannot be prior to the date of filing.

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.

Barbara Bostick Regulatory Specialist II

Letter Number: 414A00004444