L11000016703

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(Cit	ty/State/Zip/Phone	, #)		
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SECRETARY OF STATE OIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration Secon Division of Corp				
i	*•				
SUBJE	CCT:	SUNSHIN	IE MARKET LLC		
20201		Name of Limi	ited Liability Company		
The en	closed Articles of A	mendment and fee(s) are sul	omitted for filing.		
Please	return all correspon	dence concerning this matter	to the following:		
			00011170077		
SOPHAR S DEE					
			Name of Person		
		SU	NSHINE MARKET LLC		
Firm/Company					
3561 EMERSON ST					
	Address				
JACKSONVILLE, FL 32207 .				•	
			City/State and Zip Code		
		J	GJ@HBGCPA.COM		
		E-mail address: (to be used for future annual report notif	ication)	
For fur	ther information cor	cerning this matter, please c	all:	•	
	SOPI	HAR S DEE	at (904)	391-0096	
	Name of F		Area Code & Daytim		
			•	·	
Enclose	ed 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)	

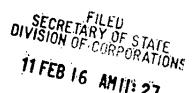
MAILING ADDRESS:

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



Zip Code

SUNSHINE MARKET 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 FEBRUARY 8, 2011 and assigned L11000016703 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SORIYA FOOD MARKET LLC 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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

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

MGR = M MGRM=	lanager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
			Add Remove
			Add Remove
	 		Add Remove
D. If amer	nding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
_	•		SECRET DIVISION C 11 FEB
			FILED ARY OF STATE OF CORPORATIO 16 AMH: 27
Dated	FEBRUARY 12	2010	ATTONS
	Salve	do	
	Signature of a n	nember or authorized representative of a member	
		SOPHAR S DEE Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00