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#### **COVER LETTER**

TO:

Registration Section Division of Corporations

IΔ

# A MINI SUPERMARKET OF TAMPA, 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:

## **BLANCA CASTELLANO**

Name of Person

### LA MINI SUPERMARKET OF TAMPA, LLC

Firm/Company

# 1000 W WATERS AVE, SUITE 1

Address

**TAMPA**, FL 33604

City/State and Zip Code

#### **BLANCAECASTEL@YAHOO.COM**

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

For further information concerning this matter, please call:

## **BLANCA CASTELLANO**

Name of Person

ູ, 813, 445-1187

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

#### LA MINI SUPERMARKET OF TAMPA, 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 C Florida document number L11000034527	Company were filed on 03/22/201	1 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and end with the words "Lie	mited Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		5 24.54
(Principal office address MUST BE A STREET ADDR	RESS)	
		4
Enter new mailing address, if applicable:		m. D
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		ords, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member <u>Title</u> <u>Name</u> **Type of Action Address** MGR 1000 W WATERS AVE, SUITE 1 CAROLINA CASTELLANO **TAMPA, FL 33604** ■ Remove □ Add ☐ Remove \_ Add □ Remove \_\_\_\_ \_ Add \_□ Remove □ Add ☐ Remove ☐ Remove

D. If amending any other information, enter			
E. Effective date, if other than the date of fili	ng	(optional)	
(The effective date must be specific, cannot be prior to c the date this document is filed by the Florida Departm	date of receipt or filed date and ca	annot be more than 90 days after	
Signature of a	a member or authorized represer	ntative of a member	<del></del>
Blanca Caste	Typed or printed name of sig		

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Filing Fee: \$25.00