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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone#)
PICK-UP	WAIT	MAIL
· (Bu	siness Entity Name)	· · · · · ·
(Do	curnent Number)	
Certified Copies	_ Certificates of	Status
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APPROVED AND FILFO

COVER LETTER

	Name of Lim	ited Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Steven Southwell		
	-	Name of Person	
	J. Steven Southwell, PA		
		Firm/Company	
	502 W. Main Street		
	 	Address	 _
•	Wauchula, Florida 33873		
	·	City/State and Zip Code	
	E-mail address: (to be used for future annual report noti	fication)
For further information of	concerning this matter, please c	all:	
Steven Southwell		863 773-4449 at ()_	
Name of Person			e Telephone Number
Enclosed is a check for t	he 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 enclose

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section Division of Corporations

STREET/COURIER ADDRESS:

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

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Giant Supermarket, LLC			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appear nited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L11000087412</u> .	oany were filed on $\frac{07}{2}$	/29/2011	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company he	<u> </u>	
The new name must be distinguishable and contain the words "Limited l	Liability Company," the d	lesignation "LLC" or the abbi	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u>s)</u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registere registered agent and/or the new registered office address Name of New Registered Agent:		our records, <u>enter tl</u>	he name of the ne
New Registered Office Address:	Enter Flor	rida street address	
	, Florida		
	City		Zip Code
New Registered Agent's Signature, if changing Registered Ag	<u>gent:</u>		
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and comp accept the obligations of my position as registered agent	plete performance of	my duties, and I am fa	miliar with and

If Changing Registered Agent, Signature of New Registered Agent

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 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>	<u>Address</u>	Type of Action
AMBR	Ahmad Abdelhalim	1002 Briarwood Drive	■ Add
		Wauchula, Florida 33873	■ Add
		 	Remove
		 	Change
			Remove
			Change
			Add
			□ Remove
		 	□ Change
			
			Remove
			Change
			A I 2014DEC SECRETA FALLAHA
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Effect	ive date if other than the date of filing:	(ontional)		
If an ef	ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 day If the date inserted in this block does not meet the applicable statutory filing requiremen	ys after filing.) I	oursuant t	o 605.0207
	ent's effective date on the Department of State's records.	ns, this date w	in not b	. Hateu as
	cord specifies a delayed effective date, but not an effective time, at 12 90th day after the record is filed.	:01 a.m. o	n the e	arlier of
Dated	December 21, 298.			
, - -				

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00