## L13000023931

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## **COVER LETTER**

Registration Section Division of Corporations

TO:

El Patron S SUBJECT:	upermarket LLC						
SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	indence concerning this matter	to the following:					
	Francisco Maldonado						
		Name of Person					
	El Patron Supermarket LL	c					
	· <u> </u>	Firm/Company					
	1445 US Hwy 17 S						
		Address					
	Bartow, FL 33830						
		City/State and Zip Code					
	El.Patronsupermarket@gma						
	E-mail address: (	to be used for future annual report notification)					
For further information c	oncerning this matter, please c	all:					
Leticia (Lety) Mascorro		863 245-1850 at ()					
Name o	f Person	Area Code Daytime Telephone Number					
Enclosed is a check for the	ne following amount:						
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing  Certified Copy (additional copy is enclosed)	f Status &				
Mailing Address Registration S Division of C P.O. Box 632	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee					
Tallahassee, l	FL 32314	2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

El Patron Supermarket LLC

2024 FTD -5 7: 22

(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 1/25/24 02/14/2013 and assigned Florida document number \_\_\_\_\_L13000023931 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain 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 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 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>	Name	Address	Type of Action
MGR	Jose De Jesus Maldonado Diaz	1445 US Hwy 17 S	
		Bartow, FL 33830	□Remove
			□ Remove
			□Change
			□Add
			Remove
			Change
	<del></del>		
			□Remove
			Change
		<del></del>	
			□Remove
			Change
	<del></del>		□Add
			□Remove
			□ Change

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record s	pecifies a dela	ayed effectiv	∕e date, but i	not an effec	tive time, at	12:01 <b>a</b> .m.	on the earli	er of: (b)	The 90th day	after the
ated	Teb_	154		_, 20	24.					
			* / · · · ·							
	X		Signature of	19	r authorized r					_