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| (Re                     | equestor's Name)   |             |
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| (Bi                     | usiness Entity Nar | ne)         |
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| Certified Copies        | Certificates       | e of Status |
| Certified Copies        | _ Certificates     | o o otatus  |
|                         |                    |             |
| Special Instructions to | Filing Officer:    |             |
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SECRETARY OF SIATE

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# **COVER LETTER**

|           | Registration Sect<br>Division of Corpo |   |   |  |    |
|-----------|--|---|---|--|----|
| CHRICA    |  | NA GROCERY STORE LL                               | c   |  |    |
| SUBJEC    | .l;                                    | Name of Limi                                      | ted Liability Company   | <del> </del>   |    |
|           |  | mendment and fee(s) are sub                       |   |  |    |
| Please re | turn an correspond                     | lence concerning this matter                      | to the following:   |  |    |
|           |  | ARNOLD BALDERAS                                   |   |  |    |
|           |  |   | Name of Person  |  |    |
|           |  | LA MEXICANA GROCE                                 | RY STORE LLC  |  |    |
|           |  |   | Firm/Company  |  |    |
|           |  | 31 W NINE MILE RD                                 |   |  |    |
|           |  |   | Address   |  |    |
|           |  | PENSACOLA, FL 32534                               |   |  |    |
|           |  |   | City/State and Zip Code   | <del></del>  |    |
|           |  | MARIO@CASTANEDAFI                                 |   |  |    |
| For furth | er information cor                     | E-mail address: (incerning this matter, please ca | to be used for future annual report notificat                       | SECR<br>ALLA   |    |
| MARIO     | CASTANEDA                              |   | 251 545 4667<br>at ()   | AHASSI JAH 28 lephone Numbers Of T   | _  |
|           | Name of I                              |   | Area Code Daytime Te  | lephone Number T   | コフ |
| Enclosed  | l is a check for the                   | following amount:                                 |   | ₽# <b>5</b>  |    |
| □ \$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 MEXICANA GROCERY STO   | RE,LLC                                    |  |                        |               |              |  |
|---|---|--|------------------------|---------------|--------------|--|
| (Name of the Limit  | ed Liability Compa<br>(A Florida Limited) | ny as it now appears<br>Liability Company) | on our records.)       |               |              |  |
| The Articles of Organization for this Limited L                                 | iability Company                          | were filed on $\frac{03/1}{}$              | 5/2013                 | a             | nd assigned  |  |
| Torida document number L13000040275   | ·   |  |                        |               |              |  |
| his amendment is submitted to amend the following                               | owing:                                    |  |                        |               |              |  |
| A. If amending name, enter the new name o                                       | f the <u>limited liab</u>                 | ility company her                          | <u>e</u> :             |               |              |  |
| LA TIENDA LATIN MARKET OF PENSACOLA   | A.LLC                                     |  |                        |               |              |  |
| he new name must be distinguishable and contain the v                           | ords "Limited Liabi                       | lity Company," the des                     | ignation "LLC" or t    | the abbreviat | ion "L.L.C." |  |
| Enter new principal offices address, if applic                                  | able:                                     | 31 W NINE MILE RD                          |                        |               |              |  |
| Principal office address MUST BE A STREE  | T ADDRESS)                                | PENSACOLA.FI                               | 32534                  |               |              |  |
| Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE | ROY)                                      |  |                        |               |              |  |
| Manang dadress MAT BE A FOST OFFICE   | <u> </u>                                  |  |                        | ALC:          | 2011         |  |
|   |   |  |                        | A.A.          | <b>₩</b>     |  |
| 3. If amending the registered agent and   | or registered o                           | ffice address on                           | our records, <u>ei</u> | nterothe n    | ame of the   |  |
| egistered agent and/or the new registered o                                     | flice address her                         | <u>'e</u> :                                |                        | ES<br>EX      | 1779         |  |
| Name of New Registered Agent:   | ARNOLD BA                                 | LDERAS                                     |                        | FLOR          | <u> </u>     |  |
| New Registered Office Address:  | 31 W NINE MILE RD                         |  |                        | Δ             |              |  |
|   |   | Enter Florid                               | la street address      |               |              |  |
|   | PENSACOLA                                 |  | , Florid               |               |              |  |
|   |   | 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 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>          | Address             | Type of Action            |
|--------------|----------------------|---------------------|---------------------------|
| AMBR         | CARMINA BALDERAS     | 31 W NINE MILE RD   | Add                       |
|              |                      | PENSACOLA. FL 32534 | □ Remove                  |
|              |                      |                     | Change                    |
| AMBR         | JOSE RAFAEL BALDERAS | 31 W NINE MILE RD   |                           |
|              |                      | PENSACOLA, FL 32534 | Remove                    |
|              |                      |                     | ☐ Change                  |
|              |                      |                     | Add                       |
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|   |  |   |  | <u> </u>                              | Ē           | 2016                     |                           |
|   |  |   |  |                                       | <u>}</u>    |                          |                           |
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|   |  | <u></u>                                       | · <b>***</b> ********************************* |                                       | rn-k<br>m-k | œ                        | Parts                     |
|   |  | <u> </u>                                      |  |                                       | Es          | <del>U</del> —           |                           |
|   |  | 02/01/2017                                    |  |                                       | 83          | ••                       |                           |
| Tective date, if other that in effective date is listed, the date | n the date of fil                          | ing: 02/01/2016                               |  | (o                                    | otional)    | <u>-</u>                 | (05.03                    |
| n effective date is listed, the da<br>te: If the date inserted in | ate must be specific<br>this block does no | and cannot be prior to<br>it meet the applica | o date of filing or me<br>ble statutory filing | ore than 90 days a<br>g requirements, | ner iling   | ,) Pursuai<br>: will not | nt to 605.02<br>be listed |
| cument's effective date on  | the Department of                          | f State's records.                            |  | ,                                     |             |                          |                           |
|   |  |   |  |                                       |             |                          |                           |
| record specifies a de   |  |   | an effective t                                 | me, at 12:0                           | 1 a.m.      | on the                   | e earlier                 |
| The 90th day after th   | e record is file                           | d.  |  |                                       |             |                          |                           |
| , JANUARY 🍂   |  | 2016  |  |                                       |             |                          |                           |
|   |  |   | _・ ノ   |                                       |             |                          |                           |
| ted   | $\sim$                                     |   |  |                                       |             |                          |                           |

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00