13239628300 From: Amanda Sando Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 : (323)962-3889 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN HARRIS SOUTHSIDE GROCERY LLC

Certificate of Status Certified Copy ı 06 Page Count \$55.00 Estimated Charge

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P.004/004

COVER LETTER

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61 T 1 T 2 T 62 677		HARRIS SOUTHSIDE GROCERY LLC							
SUBJECT: Name of Limited Liability Company									
The englos	ed Articles of	Amendment and fee(s) are sub	mitted for filing.						
Picaso reta	um all correspo	ndence concerning this matter	to the following:						
		Cheyenne Moseley	•						
			Name of Person						
		Legalzoom.com, Inc.							
			Firm/Company						
100 W. Broadway Suite 100									
			Address						
		Glendale, CA 91210							
			City/State and Zip Code						
		carlharris59@yahoo.com							
			to be used for future around report notif	(cation)					
For further	information o	oncerning this matter, please or	all:						
Imelda V	Imelda Vasquez 323 962-8600 ext 7950								
	Name o	f Регэоп	Area Code Deytime	Telephone Number					
Enclosed)	s a check for th	e following amount:							
□ \$25.00) Piling Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional cupy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is anolosed)					

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 Tallahussee, PL 32301

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P.001/004

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

HARRIS SOUTHSIDE GROCE			
(Name of the Limit	ed Liability Company a (A Florida Limited Liabil	it now appears on our receive.)	
The Articles of Organization for this Limited Li Florida document number L13000062905	lability Company wer	e filed on 04/30/2013	and assigned
This amendment is submitted to smend the following	owing:		
A. If amending name, enter the new name or	(the limited liability	company bere:	
The new name must be distinguishable and and with the	words "Limited Liability	Company," the designation "LLC" o	r the abbreviation "L.I.,C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
	-		
Enter new mailing address, if applicable:	سيسنية 		
(Mailing address MAY BE A POST OFFICE	<u>BOX1</u>		

B. If amending the registered agent and/ registered agent and/or the new registered of		address on our records, g	nter the name of the new
Name of New Registered Agent:	Paige D. Harris		
New Registered Office Address:	23820 State Road	40	
		Enter Florida streat address	
	Astor	, Florid	in 32102 Zip Code
		City	Zip Code
New Registered Accept's Signature, if changing l	ionistered Aseni:		
I hereby accept the appointment as registers provisions of all statutes relative to the propaccept the obligations of my position as registering filed to merely reflect a change in the company has been notified in writing of this	er and complete per stered agent as prov registered office out change.	formance of my duties, and I ided for in Chapter 605. F.S.	am familiar with and Or, if this document is limited liability

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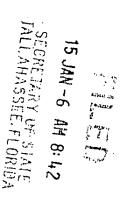
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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

Title	Name	Address	Type of Action
MGRM	Earl W. Harris	23820 State Road 40	Add
		Astor	Z Remove
		FL 32102	
MGRM	Palge D. Hamis	23820 State Road 40	
		Astor	2 Remove
		FL 32102	**************************************
AMBR	Paige D. Harris	23820 State Road 40	Z Add
		Astor	☐ Remove
		FL 32102	
		·	
		Name of the Control o	Remove
			Add
			🗆 Rепюче
			Add
			Remove

Page 2 of 3



	14:03 United Southern Bank g any other information, enter change(s) here: (Attach additional sheets,	(FAX)3527592086 tf necessary.)	P.002/004
		····	
•			
E. Effective de	ate, if other than the date of filing: late must be specific, cannot be prior to date of receipt or filed date and cannot be mare than 9	(optional) 0 days after	
	2-16-2014		
_	Day 90 D. Harris Signature of a member or authorized representative of a member		-
_	Paige D. Harris Typed or printed name of signes		_

Page 3 of 3 Filing Fee: \$25.00

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