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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

AUG 31 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MALLOY Grocery, 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:

HENRY CARLSTROM  
Name of Person  
MALLOY Grocery, LLC  
Firm/Company  
8084 N DAVIS Hwy  
Address  
PENSACOLA, FL 32514  
City/State and Zip Code  
groceryhank@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HENRY CARLSTROM at ( 850 ) 449.1274  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Malloy Grocery, 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 Company were filed on 8/5/13 and assigned Florida document number 213000110731

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)

8084 N DAVIS Hwy  
PENSACOLA, FL 32514

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8084 N DAVIS Hwy  
PENSACOLA, FL 32514

**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:

8084 N DAVIS Hwy  
Enter Florida street address  
PENSACOLA, Florida 32514  
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

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TALLAHASSEE, FLORIDA

**MGR = Manager**  
**AMBR = Authorized Member**

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TALLAHASSEE, FLORIDA

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

828 2017  
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

HENRY M CARLSTROM  
Typed or printed name of signer

Typed or printed name of signee

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CLERK OF STATE  
TALLAHASSEE, FLORIDA