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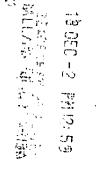
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Certified Copies	Certificates	s of Status
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J. Shivers BEC 0 3 2013

### **COVER LETTER**

TO:

**Registration Section Division of Corporations** 

SUBJECT:

# BIG DADDY 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:

# AURA SAAVEDRA MENDEZ

Name of Person

# BIG DADDY GROCERY LLC

Firm/Company

# 1686 CLEAWATER-LARGO RD

Address

CLEARWATER, FL 33756

City/State and Zip Code

VEGA40172@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

# LAURA SAAVEDRA MENDEZ at (727) 612-4714

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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 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

# BIG DADDY 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 10/21/2013 \_ and assigned Florida document number L13000147544 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 end with 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) CH 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 608, 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.

City

, Florida \_

Zip Code

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	LUIS MENDEZ	2071 PALM WAY	Add
		LARGO, FL 33771	Remove
			<u> </u>
			Add
			Remove
			Add
		,	
		<u>د د د د د د د د د د د د د د د د د د د </u>	Remove
		Section 1	
			_ Remove
			_
			Add
			Remove
			_
			Add
			Remove
			_

REGISTERED AGENT AND MGR TITLES LAST NAME SHOULD BE
MENDEZ, ( NOT MENDE)
OVEMBER 27 2013
LAURA SAAVEDRA MENDEZ  Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00