

L14 000071049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

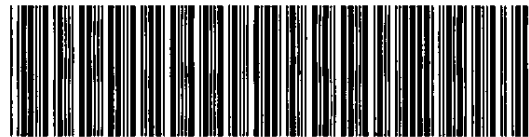
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

to Stivers MAY 20 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Supermarket Professional Group LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Luis A. Grijalba

Name of Person

Supermarket Professional Group LLC

Firm/Company

4590 N.W. 79th Avenue Apt#1-B

Address

Doral, Florida 33166

City/State and Zip Code

Same as currently on file

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

For further information concerning this matter, please call:

Luis A. Grijalba

786

439-6025

at ( )

Name of Person

Area Code

Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 5327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (2/14)

**STATEMENT OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 605.0209, F.S., this document is being submitted to correct a previously filed document.

**FIRST:** The name of the limited liability company is: Supermarket Professional Group LLC

**SECOND:** The Florida Document number of the limited liability company is: L14000071049

**THIRD:** Document to be corrected is:  
Articles of Organization

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Need to change the name of the authorized person and registered agent  
to reflect my name as it appears on my Florida driver's license so that I can  
open a bank account. Please change both name areas to reflect: Luis A Grijalba  
It incorrectly appears now as Luis Grijalba Rodriguez - See Attachments

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OR**

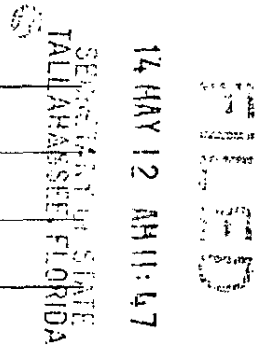
- ☐ The electronic transmission of the record was defective.

5/7/2014

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)



**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L14000071049  
FILED 8:00 AM  
May 01, 2014  
Sec. Of State  
syoun

**Article I**

The name of the Limited Liability Company is:  
SUPERMARKET PROFESSIONAL GROUP LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
4590 N.W. 79TH AVENUE  
UNIT #1-B  
DORAL, FL. US 33166

The mailing address of the Limited Liability Company is:  
4590 N.W. 79TH AVENUE  
UNIT #1-B  
DORAL, FL. US 33166

**Article III**

Other provisions, if any:  
ALL LAWFUL BUSINESS PURPOSES

**Article IV**

The name and Florida street address of the registered agent is:

LUIS GRIJALBA RODRIGUEZ  
4590 N.W. 79TH AVENUE  
UNIT #1-B  
DORAL, FL. 33166

SHOULD BE CHANGED  
TO REFLECT  
LUIS A. GRIJALBA

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: LUIS GRIJALBA RODRIGUEZ

### Article V

The name and address of person(s) authorized to manage I.I.C:

Title: AMBR

LUIS GRIJALBA RODRIGUEZ  
4590 N.W. 79TH AVENUE UNIT#1-B  
DORAL, FL. 33166 US

L14000071049  
FILED 8:00 AM  
May 01, 2014  
Sec. Of State  
sy young

SHOULD BE CHANGED TO  
REFLECT:

### Article VI

The effective date for this Limited Liability Company shall be:

05/01/2014

LUIS A GRIJALBA

Signature of member or an authorized representative

Electronic Signature LUIS GRIJALBA RODRIGUEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the I.I.C and every year thereafter to maintain "active" status.