

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet**L14000071857**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000133048 3)))



H160001330483ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944RECEIVED
16 MAY 31 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

RECEIVED
2016 MAY 31 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SYLVIE MEAT & GROCERY FOOD MARKET. LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

JUN 01 2016
J. HARRIS

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

H16000133048

SYLVIE MEAT & GROCERY FOOD MARKET, 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 April 30, 2014 and assigned
Florida document number L14000071857.

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 "LLC."

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)

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: JOCELYNE E. TOUSSAINT

New Registered Office Address: 303 N. 4th Street

Enter Florida street address

Lantana

City

Florida 33462

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.

Joelyne E. Toussaint

H16000133048

05/31/2016 15:04 3052281448
05/27/2016 02:16 3058290282

LAZARUS

PAGE 03/04

PAGE 03

H16000133048

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

Title	Name	Address	Type of Action
-------	------	---------	----------------

AMBR	SILIANA S. ANDRE	303 N. 4th St., Lantana, Fl. 33462	☐ Add
------	------------------	------------------------------------	------------------------------

☒ Remove

☐ Change

AMBR	JOCELYNE F. TOUSSAINT	303 N. 4th St. Lantana, Fl.	☒ Add
------	-----------------------	-----------------------------	---

, 33462

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

☐ Add

☐ Remove

☐ Change

H16000133048

05/31/2016 15:04 3052201440
05/27/2016 02:16 3058290282

PAGE 04

H 16000133048

D. If amending any other information, enter change(s) here: (Attach additional sheet, if necessary.)

E. Effective date, if other than the date of filing: May 20, 2016 (optional)
(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)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Dated May 20, 2016, _____

Stacy/Ne H Toussaint
Signature of a member or authorized representative of a member

JOCELYNE F. TOUSSAINT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED
16 MAY 31 PM 2:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

HT 6000133048