

L14000127562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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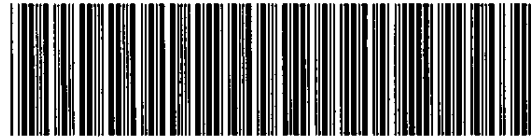
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

GA
10/17/14



www.BaskinFleece.com

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Probate Paralegal

October 6, 2014

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Latin Flavors Grocery Store, LLC

To Whom it May Concern:

The enclosed Articles of Amendment and fee in the amount of \$25.00 are submitted for filing. Please return all correspondence concerning this matter to the following:

Colleen A. Carson, Esq.
Baskin Fleece Attorneys
13535 Feather Sound Drive
Suite 200
Clearwater, FL 33762

If you require further information concerning this matter, please call Colleen A. Carson, Esq. at (727) 572-4545.

Very truly yours,

A handwritten signature in black ink, appearing to read 'Colleen A. Carson'. The signature is fluid and cursive, with a large, stylized 'C' at the beginning.

Colleen A. Carson

CAC/sc
CC: Anna Mae Roman

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

LATIN FLAVORS GROCERY STORE, 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 08/14/2014 and assigned Florida document number L14000127562.

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) _____

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

_____, Florida _____
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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140818 PM 2:15
CLERK OF DISTRICT COURT
JANUARY OF 2014
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	WILFRED ROMAN	5236 PRESIDENTIAL STREET	<input type="checkbox"/> Add
		SEFFNER, FL 33584	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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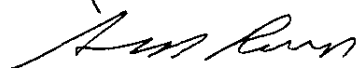
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CLERK OF SUPREME COURT
FLORIDA

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

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated Sept 19 2014, 2014.



Signature of a member or authorized representative of a member

ANNA ROMAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA