

C 14 000135647

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H14000279034 3)))



H140002790343ABC/

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 : CORPORATE CREATIONS INTERNATIONAL INC.
Account Number : 110432003053
Phone : (561)694-8107
Fax Number : (561)694-1639

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LA MIA SUPERMARKET, LLC

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

RECEIVED

14 DEC -3 AM 10:00

BUREAU OF COMMERCIAL
INFORMATION SERVICESSECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 DEC -3 AM 7:78

FILED

J. Shivers DEC 04 2014

H14000279034

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

LA MIA SUPERMARKET, 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 08/28/2014 and assigned Florida document number L14000135643.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Zubi II Supermarket, LLC

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:

5700 NW 2nd Ave

(Principal office address MUST BE A STREET ADDRESS)

Miami, FL 33127

Enter new mailing address, if applicable:

5700 NW 2nd Ave

(Mailing address MAY BE A POST OFFICE BOX)

Miami, FL 33127

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

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

H14000279034

H14000279034

4000279034
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

[illegible]

Page 2 of 3

H14000279034

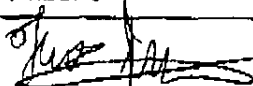
H14000279034

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

The manager is changing their address to 5700 NW 2nd Ave Miami, FL 33127

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 December 3, 2014



Signature of a member or authorized representative of a member

PEREZ, ERNESTO A , MGR by Tim Pratts, Attorney-in-Fact

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

FILED
14 DEC -3 AM 7:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H14000279034