L14000 172 594

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



400331983714

E-1-13 - 15- 16- 46-



10L 25 2019 C Kinse:

COVER LETTER

	Registration Sec Division of Corp			
SHD IEC		SUPERMARKET LLC		
SUBJEC	1:	Name of Lim	nited Liability Company	
The enclo	osed Articles of a	Amendment and fee(s) are sub	omitted for filing.	
Please ret	urn all correspoi	ndence concerning this matter	to the following:	
		ŁOLY RODRIGUEZ		
		SIMPSON MANAGEMENT	Name of Person I SERVICES INC	
		2433 PLEASANT HILL RO	Firm/Company	
		KISSIMMEE, FL 34746	Address	
		LER.UNIDOS@YAHOO.CC	City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	ication)
For further	er information co	oncerning this matter, please ca	all:	
LOLY RO	ODRIGUEZ		407 709-3307 at ()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for the	e following amount:		
□ \$25.0°	0 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

DELTONA 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 11/05/2014 and assigned florida document number L14000172594
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 "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)
3. If amending the registered agent and/or registered office address on our records, enter the name of the neregistered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
. Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	TORIBIO, JOSE M	1200 SIMPSON ROAD KISSIMMEE, FL 34744	
			■ Remove
	BERALTA JONATHAN	1200 01110001100110	☐ Change
MGR	PERALTA, JONATHAN	1200 SIMPSON ROAD KISSIMMEE, FŁ 34744	
			□ Remove
			□ Change
			Add
			Remove
			☐ Change
	····		□ Add
			Remove
			☐ Change
			Add
			Remove
			Change
			Change

-	
-	
-	
-	
-	
-	
_	
-	
_	
-	
-	
_	
_	
-	
~=	
Note:	ve date, if other than the date of filing:
e rec The	ord specifies a delayed effective date, but not an effective time, at $12:01\ a.m.$ on the earlier 6 90th day after the record is filed.
Dated _	7/10/19 2019 Oré n Touseo
	ore in courses
	Signature of a member or authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00