44000192581

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



300267496293

U1/07/15--01008--019 **25.00

2015 JAN - 6 PH 3: 1
SLORETARY OF STATE
TALL AHASSEF FLORID

JM 16 2015

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CARIBBEAN MARKET & Grocery Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sherine Robinson Name of Person
CARAIBBEAN MARKET AND GIOCERY
916. Fletcher AVR Suite 928
TAMPA Florda 33612 City/State and Zip Code Finest 2003@ Aol. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shering Robinson at (646) 436-06 (1 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 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

CARIBBEAN MARET	and Grocepy
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on 12 18 14 and assigned
Florida document number 1 400019 258	1
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	916 EAST Fletcher Ave
(Principal office address MUST BE A STREET ADDRESS)	Suite 928,
Enter new mailing address, if applicable:	12736 +1 33612 12736 +1 17 St Apt I112
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA F1 33612
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, enter the name of the new
Name of New Registered Agent:	700 20 TO TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO TH
New Registered Office Address:	Enter Florida street address Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered Agent:	AATE

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 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 = Auth	horized Member		
<u>Title</u>	Name	Address	Type of Action
mge	Sherine Robinson	12736 NOIL 178+	Add
		TAMPA 7133612 APT IIIZ	P Remove
MGR	SA CARL WATSON	12736 north 1784	a_rdd
	·	Tonpa 7/33612 APT FIIZ	P
			□ Add
			□ Remove
;			_
			□ Add
			Remove
		E C C C C C C C C C C C C C C C C C C C	2015 JAN
		FLORIDA	Remove.
			□ Add
			_□ Remove

fective date, if other than the date of filing:	(ontional)
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date.	(optional) te and cannot be more than 90 days after
fective date, if other than the date of filing: e effective date must be specific, cannot be prior to date of receipt or filed date date this document is filed by the Florida Department of State)	(optional) te and cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date date this document is filed by the Florida Department of State)	(optional) te and cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed da	(optional) te and cannot be more than 90 days after
e effective date must be specific, cannot be prior to date of receipt or filed date date this document is filed by the Florida Department of State)	(optional) te and cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

