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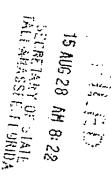
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COVER LETTER

Division of Corporations
SUBJECT: Car Convenience Store & Deli IV 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:
Martina Hall Name of Person
Cac convenience stoye & Deli Lic
1400 Barrancas Address
City/State and Zip Code 9. 1910 Care 40 and 1. Cara E-mail address: (to be used for future annual report notification)
9. 1000 care 40 anail. Cara E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Crabe Charley III. at (850) 341-0394 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee U\$30.00 Filing Fee & 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

lability Company as it now appears on our records.)

•	re i locada Dimined Dap	ontry Company)					
The Articles of Organization for this Limited Liz Florida document number 1-150001.2		ere filed on Jul	y 9,20	، _كل	and ass	iigned	
This amendment is submitted to amend the follo-	wing:						
A. If amending name, enter the new name of	the limited liabilit	ty company here:					
The new name must be distinguishable and contain the wo	ords "Limited Liability	Company," the design	ation "LLC" or the	abbrevia	สงก "}	.L.C."	
Enter new principal offices address, if applica	ble:						
(Principal office address MUST BE A STREET ADDRESS)		57			_		
		<u>, , ,</u>			5 JUG 2	*	_
Enter new mailing address, if applicable:	_		···-	<u> </u>	8	; Pre	_
(Mailing address MAY BE A POST OFFICE BOX)		<u>िदः</u>	.स. इ.स.	\$ 51.0°			
	-		·····	(<u>57.</u>)	22 8 8	<u> </u>	-
B. If amending the registered agent and/or registered agent and/or the new registered off		e address on our	records, ent	er the	<u>aame</u>	of the	nev
Name of New Registered Agent:	Martin	a Hall		···			_
New Registered Office Address:	5902 CV	Enter Florida st		· · · · · · · · · · · · · · · · · · ·		<u></u> _	
	Pensar	City	, Florida	32 Zij	SD'	<u> </u>	_
New Registered Agent's Signature, if changing Re	gistered Agent:						

If Changing Registered Agent, Signature of New

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.

MGR = Manager AMBR = Authorized Member Title Name Address Type of Action Mostiva Hall 1400 boscoures Ave Pensocola, Fla 32502 ☐ Remove Home 5902 Cleanunder Avre _□ Change MER Pensacola Fl ☐ Change D Add ☐ Remove ☐ Change D Add ☐ Remove ☐ Change □ Add 🗆 Remove ☐ Change

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

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e rec	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earl 90th day after the record is filed.	ier of:	
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Page 3 of 3

Filing Fee: \$25.00