Division of Corporations Electronic Filing Cover Sheet

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DELRAY BEACH KOSHER SUPERMARKET, LLC

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Fo:Interstate FilingsIo.DELRAY BEACH KOSHER SUPERMARKET, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DELRAY BEACH KOSHER SUPERMARKET, LLC (Name of the Limited Liability Company as if now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 07/20/2015Florida document number L15000121477 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 "LLC." 35 JOURNAL SQ. STE 1103 Enter new principal offices address, if applicable: JERSEY CITY, NJ 07306 (Principal office address MUST BE A STREET ADDRESS) 35 JOURNAL SQ. STE 1103 Enter new mailing address, if applicable: JERSEY CITY, NJ 07306 (Mailing address MAY RE 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

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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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:

<u>Title</u>	Name	Address	Type of Action
			Add
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			Add
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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 mo the date this document is filed by the Florida Department of State)	re than 90 days after
Dated JULY 23RD 2015	
Dated OCL / ZOTO	
Signature of a member or authorized representative of a	member
ALEX ENGLARD	7
Typed or printed name of signee	

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SECRETARY OF STATE
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