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Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

December 14, 2015

EDWIN N JAQUEZ 2401 GRETCHEN AVENUE S, UNIT C LEHIGH ACRES, FL 33973

SUBJECT: LEHIGH GROCERY, LLC Ref. Number: L15000130338

We have received your document for LEHIGH GROCERY, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

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Letter Number: 715A00026080

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COVER LETTER

Name of Limited Liability Company dment and fee(s) are submitted for filing. e concerning this matter to the following:
dment and fee(s) are submitted for filing. e concerning this matter to the following:
e concerning this matter to the following:
DWIN N JAQUEZ
Name of Person
EHIGH GROCERY, LLC
Firm/Company
01 GRETCHEN AVENUE S UNIT C
Address
Address EHIGH ACRES, FL 33973 City/State and Zip Code
City/State and Zip Code City/State and Zip Code
E-mail address: (to be used for future annual report notification) ing this matter, please call:
267 269-1451 at ()
n Area Code Daytime Telephone Number
owing amount:
Certificate of Status 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

LEHIGH GROCERY, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	.
The Articles of Organization for this Limited Liability Company Florida document number 115000130338	were filed on July 30,2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:	2401 GRETCHEN AVENUE S, UNIT	С
(Principal office address MUST BE A STREET ADDRESS)	LEHIGH ACRES, FL 33973	
Enter new mailing address, if applicable:	2401 GRETCHEN AVENUE S, UNIT	
(Mailing address MAY BE A POST OFFICE BOX)	G G	22 W
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, ente	the frame of the no
Name of New Registered Agent:	ш-	
New Registered Office Address:	Enter Florida street address	
	, Florida _	
	City	Zip Code

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

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>	Name	Address	Type of Action
			Add
			□ Remove
			Change
			□ Add
			☐ Remove
			☐ Change
			Add
			☐ Remove
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ctive date, if other than the date of filing:	(optional)
e: If the date inserted in this block does not meet the applicable statutory iment's effective date on the Department of State's records.	/ filing requirements, this date will not be list
record specifies a delayed effective date, but not an effect ne 90th day after the record is filed.	ive time, at 12:01 a.m. on the earli
December 23, 2015	
Educin January Signature of a member or authorized represent	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00