

U6 000000001982

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000297583 3)))



H16000297583ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
TROPICAL SUPERMARKET OF FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

DEC 06 2016

S. YOUNG

RECEIVED
2016 DEC -5 PM 4:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 DEC -5 AM 9:13

H16000297583

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

TROPICAL SUPERMARKET OF FLORIDA 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 Jan. 1, 2016 and assigned
Florida document number L16000001982

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 "LLC."

Enter new principal offices address, if applicable:

2150 Fowler Street Unit 130

(Principal office address MUST BE A STREET ADDRESS)

Fort Myers, FL 33911

Enter new mailing address, if applicable:

(Mailing address MAY BE 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

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

H16000297583

12/05/2016 16:17 3052201440
12/02/2016 06:29 3058290282

LAZARUS

PAGE 03/04

PAGE 03

H16000297583

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>	<u>Address</u>	<u>Type of Action</u>
MGR	AYENDYS A. MARRANZINI	13740 N.W. 7th Ave.	☒ Keep
		Miami, Fl. 33168	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
MGR	VICTOR E. HILARIO	280 N.W. Biltmore St.	☒ Keep
		Port St. Lucie, Fl. 34983	☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

FILED
CLERK OF
CITY OF
PALM BEACH
FLORIDA

16 DEC -5 AM 9:13

H16000297583

12/05/2016 16:17 3052201440
12/02/2016 06:29 3050290202

LAZARUS

PAGE 04/04
PAGE 04

H16000 975 83

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: November 30 2015 (optional)

Note. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated November 30, 2016

Signature of a member or authorized representative of a member

Typed or printed name of signer

Page 3 of 3
Filing Fee: \$25.00

H16000297583