## L16000031156

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
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SECRETARY OF STATE
FALL ANASSEE FLORIDA

## **COVER LETTER**

TO:	Registration S Division of Co						
SUBJEC		permarket LLC					
SCPSE		Name of Limi	ited Liability Company				
		f Amendment and fee(s) are sub-	_				
Please re	eturn all corresp	ondence concerning this matter	to the following:				
		Colin He				SECF TALL	
			Name of Person				FIL PR 28
		Allshare Investment Holdin	ng Corp				LE 28
			Firm/Company			7F.ST	
		2381 Eagle Talon Ct					95 95
			Address	<del></del>		— >> <sup>*</sup>	0,
		Kissimmee FL 34746					
		Colin16848@gmail.com	City/State and Zip Code		_ *	<del></del> -	
		E-mail address: (1	to be used for future annual	l report notifi	cation)	•	
For furth	ner information	concerning this matter, please ca	all:				
Colin H	e		646 69	06 8061			
· · · · · ·	Name	of Person	Area Code	Daytime	Telephone Numb	er	
Enclosed	d is a check for t	the following amount:					
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee Certified Copy (additional copy is en		Certifie	Filing Fee, cate of State ed Copy ual copy is enc	
		LING ADDRESS:		T/COURIE	ER ADDRESS:		

**Division of Corporations** P.O. Box 6327 Taliahassee, FL 32314

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

S Mart Supermarket LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our recor Liability Company)	<u>'ds.</u> )
The Articles of Organization for this Limited Liability Company	were filed on 2/15/2016	and assigned
Florida document number L16000031156		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabi		C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	4030 W Vine Street	
Principal office address MUST BE A STREET ADDRESS)	Kissimmee FL 34746	SEO <b>6</b>
		ASS
Enter new mailing address, if applicable:		MG & E
Mailing address MAY BE A POST OFFICE BOX)		SI
Maning undress MAT DE ATOST OFFICE BOA		
3. If amending the registered agent and/or registered of egistered agent and/or the new registered office address her Name of New Registered Agent:		ds, enter the name of the
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addr	000
	Enier r ioriaa sireet aaari	ะวง
		lorida
	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>	<u>Name</u>	Address	Type of Action
MGR	Unity Synergy Investment Corp	2381 Eagle Talon Ct.	□ Add
•		Kissimmee FL 34746	■ Remove
			Change
MGR	Allshare Investment Holding Corp	2381 Eagle Talon Ct.	<b>=</b> Add
		Kissimmee FL 34746	□ Remove
			Change SE 6
			EAdd H
			28 Remove
			Change
	<del></del>		□ Add
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e: If the date inserted in this	nust be specific and cannot be prior to date of file	(optional) ing or more than 90 days after filing.) Pursuant to 605.0 ory filing requirements, this date will not be listed
record specifies a delay ne 90th day after the re		ctive time, at 12:01 a.m. on the earlier
ed April 27	, 2016	
·		
Call	Signature of a member or authorized repres	

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Filing Fee: \$25.00