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S. YOUNG

COVER LETTER

Div	ision of Cor	porations		
SUBJECT:	MEGA MART LAKELAND, LLC			
		Name of Lim	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub	mitted for tiling.	
Please return	all correspo	indence concerning this matter	to the following:	
		SHERI CERRETA, ACCO	OUNT MANAGER	
		<u> </u>	Name of Person	
		ROBERT J. WELLEN, JR	P.A.	
			Firm Company	
		1323 N. PARSONS AVE.		
			Address	·
		BRANDON, FL 33510		
			City/State and Zip Code	
		sheri@wellenepa.com	to be used for future annual report n	otilication)
For further in	nformation c	oncerning this matter, please co		
SHERI CER	RETA		813 643-2904	
	Name o	f Person	at () Area Code Dayt	ime Felephone Number
Enclosed is:	i check for th	ne following amount:		
≡ \$25,00 F	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		<u>Street Address:</u> Registration S	Section
Registration Section Division of Corporations		Division of Corporations		

P.O. Box 6327 Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEGA MART LAKELAND, LLC			2
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears (imited Liability Company)	on our records.)	828 JU
The Articles of Organization for this Limited Liability Cor	mpany were filed on $\frac{10/03}{1}$	5/2016	and assigned
Florida document number £16000183741	÷		
This amendment is submitted to amend the following:			7.04
A. If amending name, enter the new name of the limite	ed liability company here	:	* #
MEGA BODEGA WHOLESALER, LLC			
The new name must be distinguishable and contain the words "Limite	ed Liability Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u></u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		·	

B. If amending the registered agent and/or registered of	office address on our rec	ords, <u>enter the na</u>	ame of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			
New Registered Office Address:	<u> </u>		
	Enter Floride	i street address	
		, Florida į	
	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
			' Add
-			□Remove
	<u> </u>		\ \ \ \ \ \ \
			LJRemove
			LIRemove
			
			□Remove
			□Remove
			Remove
			□Change

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