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## **COVER LETTER**

	· ·	COVEREDITER		
TO: Registration Se Division of Cor				
SUBJECT:	Made i RA Name of Lim	MINIMAR KET I ited Liability Company	UC	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Robe	ento Horque	? 33	SECRES TALLARD
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	Hoveon O E-mail address: (	to be used for future annual report notific		Com
For further information c	oncerning this matter, please ca	all:		
Roxx Name o	Povedno f Person	at (954) 370 Area Code Daytime	H369 Telephone Number	
Enclosed is a check for the	ne following amount:			
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee Certificate of St Certified Copy (additional copy is e	atus &

## MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327

## STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

The Articles of Organization for this Limited Liability Company were filed on Florida document number <u>L 16000 19268</u> 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 "L.L. Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 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

#### 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.

City

Florida

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 = Mar AMBR = Au	nager thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Sonder Horge	4851 NW 79 AV 5 MIAMI FI 33166	
			Remove
MGR	Roberto Horques	889 W Drewst Contono F1 3346	Change SECRE AND SECULATION SECULATION SECULATION SECULATION SECULATION SECULATION SECULATION SECULATION SECULATION SECURE SECULATION SECURE SECURE SECURE SECURE SECURITY SEC
		(Addness)	Change Change
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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E. Effective date, if other than the date of filing: 0276 (optional)  (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  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.
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.
Dated October 27, 2016.
Signature of a member or authorized representative of a member
Roberto Horques
Typed or printed name of cignee

.

,

## Electronic Articles of Organization For Florida Limited Liability Company

L16000192688 FILED 8:00 AM October 18, 2016 Sec. Of State sisingleton

## Article I

The name of the Limited Liability Company is: MADEIRA MINIMARKET, LLC

## **Article II**

The street address of the principal office of the Limited Liability Company is:

4851 NW 79 AV SUITE 4 MIAMI, FL. 33166 (change)

The mailing address of the Limited Liability Company is:

2514 HOLLYWOOD BLVD SUITE #305 HOLLYWOOD, FL. UN 33020

## **Article III**

Other provisions, if any:

ALL LAWFUL BUSINESS.ALL IMPORT AND EXPORT IN FOOD SECTORDISTRIBUTION. MARKETING AND TRANSPORTATION

## Article IV

The name and Florida street address of the registered agent is:

POVEDANO ASSOCIATES LLC 2514 HOLLYWOOD BLVD HOLLYWOOD, FL. 33020

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Registered Agent Signature: ROXANA POVEDANO

SELRETARY OF STATE OF ALLAHASSEE, FLORIDA

Article V

The name and address of person(s) authorized to manage LLC:

Title: MGR

ROBERTO A MARQUES 4851 NW 79 AV MIAMI, FL. 33166

Title: MGR

SANDRA M MARQUES

4851 NW 79AV MIAMI, FL. 33166 Remove

**Article VI** 

The effective date for this Limited Liability Company shall be:

10/18/2016

Signature of member or an authorized representative

Electronic Signature: ROXANA POVEDANO

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.

L16000192688 FILED 8:00 AM October 18, 2016 Sec. Of State sisingleton

SECRETARY OF STATE
TALLANIA SSEE, FLORIDA
TALLANIA SSEE, FLORIDA
TALLANIA SSEE, FLORIDA