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From:

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Account Number : I20100000044 Phone : (954)252-0589 Fax Number : (954)326-4555

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

smail Address: Kindubikushya amailicm

IJJUL I & PM 1: 1.8 ECKELNEY SESTORIDA LLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AIROSO FOOD MARKET, LLC

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JUL 1 7 2017

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	D MARKET, LLC		
(Name of the Limited Limited Comp. (A Florida Limited	any us it now appears on our rec Liability Company)	ords.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000148126</u>	y were filed on July 10, 2017	and assigned	
This amendment is submitted to amend the following:	· ·		
A. If amending name, enter the new name of the limited lial	hility company here:		
The new name must be distinguishable and contain the words "Limited Liab	olity Company," the designation "I	LC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		LEANING TO	
Enter new mailing address, if applicable:	-	W. L. L.	
Mailing address MAY BE A POST OFFICE BOX)			
		> 00	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address he		ords, enter the name of the	
Name of New Registered Agent:			
New Registered Office Address	Enter Florido strvei tal	tiress	
	**** * ***		
	City	Florida	

New Registered Agent's Signature, if changing Registered Agent;

I hereby accept the appaintment 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	Dipock Dave Nath	100 NW AIROSO BLVD	
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Tective date, if other than the date of filing in effective date is listed, the date must be specific as offer. If the date inserted in this block does not connent's effective date on the Department of	meet the applicable	date of filing or me le statutory filing	(optio retinn 90 days after requirements, this	filing) Pursi	unt to 605.9: nt he listed
e record specifies a delayed effective. The 90th day after the record is filed		an effective ti	me, at 12:01 a	.m. on th	e earli e r
ated	2017	<u>.</u> .			
Signature of	member of airthori	zed representative	a member		

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