1170002338125

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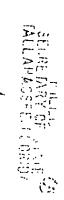
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COVER LETTER

то	: Registration Sec Division of Corp								
~		D MART LLC							
SUI	BJECT:	Name of Lim	ited Liability Company						
The	enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.						
Plea	ase return all correspon	dence concerning this matter	to the following:						
		NSUNGUM CARENE F							
			Name of Person						
		11721 ROLLING RIVER BLVD Address							
JACKSONVILLE- FL 32219 City/State and Zip Code CARENENSUNGUM@YAHOO.COM									
								to be used for future annual report notifi	cation)
					For	further information co	ncerning this matter, please c	all:	
NS	SUNGUM CARENE I	=	904 4403592 at ()						
	Name of	Person		Telephone Number					
Enc	closed is a check for the	e following amount:							
	\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)					

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARK FOOD MART LLC		
(Name of the Limited Liability ((A Florida Li	Company as it now appears on our records.) mited Liability Company)	
The Articles of Organization for this Limited Liability Com	npany were filed on 11/13/2017	and assigned
lorida document number L17000233825		
his amendment is submitted to amend the following:		
(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 11/13/2017 and assigned for document number 117000233825 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: 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:		
he new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	ss)	
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		DE LA
Inter new mailing address, if applicable:		C 2
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		<u> </u>
egistered agent and/or the new registered ornice address	ss uere:	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	Zin 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	NSUNGUM CARENE F	11721 ROLLING RIVER BLVD.	A dd
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record specifies The 90th day afte	er the record is	filed.		ective time, at	12:01 a.m. on	the earlier o
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Filing Fee: \$25.00