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(Re	equestor's Name)	
(Ac	ddress)	
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COVER LETTER

TO: Registration Se Division of Cor		•	
SNACK M.	ARKETS LLC		
<u>———</u>	Name of Lie	mited Liability Company	
The enclosed Articles of	Amendment and fec(s) are su	bmitted for filing.	
	ndence concerning this matter		
	MARTA GARCIA, ESQ.		
		Name of Person	
	RC LAW LLP		
		Firm/Company	
	175 SW 7TH ST SUITE I	711	
		Address	
	MIAMI, FL 33130		
	marta.garcia@rclawllp.net	City/State and Zip Code	
		to be used for future annual repor	notification)
For further information co.	ncerning this matter, please ca		
MARTA GARCIA, ESQ		786 725-576	1 7
Name of	Person		ytime Telephone Number
Enclosed is a check for the	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)
Registrat	IG ADDRESS: ion Section of Corporations	STREET/CO Registration S Division of C	

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SNACK MARKETS LLC			
(Name of the Limited Liability C (A Florida Lin	ompany as it now appe	ars on our records.)	
The Articles of Organization for this Limited Liability Comp Florida document number <u>L17000253244</u>			igned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	liability company l	<u>tere</u> :	
The new name must be distinguishable and contain the words "Limited l	Liability Company," the	designation "LLC" or the abbreviation "L.I.	C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS	<u></u>		
			7A.
Enter new mailing address, if applicable:			LAH/
(Mailing address MAY BE A POST OFFICE BOX)			ASS ASS 23
A THE STATE OF THE BUND			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address	d office address or here:	our records, enter the name o	CRIA CRIA
Name of New Registered Agent:			<u> </u>
New Registered Office Address:			
-	Enter Flo	nda street address	
		, Florida	
New Degistered Agent's Cinnellar (Cabon)	City	Zip Code	
New Registered Agent's Signature, if changing Registered Age			
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complaceept the obligations of my position as registered agent being filed to merely reflect a change in the registered off company has been notified in writing of this change.	lete performance of as provided for in (my duties, and I am familiar with Chapter 605, F.S. Or, if this docum	and sent is
īro	Changing Registered Ag	ent, Signature of New Registered Agent	_

Page 1 of 3

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 **Title** <u>Name</u> <u>Address</u> Type of Action MGR REITZE, SEBASTIAN L 381 BEECHWOOD DR □ Add BISCAYNE, FL 33149 Remove MGR FUENZALIDA, CATALINA M 381 BEECHWOORD DE D Add BISCAYNE, FL 33149 ■ Remove _ Change MGR LOPEZ, JORGE A 2315 NW 10TH AVE. □ Add SUITE 1 28M ■ Remove **DORAL FL 33172** ☐ Change MGR CASTRO, JOSE 95 MERRICK WAY 3RD FLOOR _□ Add CORAL GABLES FL 33134 Remove ☐ Change MGR LAKE BLUE BRIDGE LLC 95 MERRICK WAY 3RD LOOR **■** Add CORAL GABLES FL 3313 ☐ Remove Change MGR APSA SERVICES INC. 2315 NW 10TH AVE **■** Add SUITE 1M28 BOX 117 □ Remove **DORAL FL 33172**

_□ Change

	d additional MGR - B	ПОНОГ LLC - 38 —————	1 BEECHWO	OD DRIVE BIS	CAYNE, FL 33	1149	
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Effective	date, if other than	the date of filing	φ:			(optional)	
lf an effecti	ve date is listed, the date he date inscrted in thi	must be specific and	cannot be prior	to date of filing or	more than 90 day	s after filing.) Pu	rsuant to 605.0207 (
document	's effective date on the	c Department of S	State's records.	adic statutory in	ng jequiremen	is, uns date wit	i not be listed as t
	d specifies a dela			t an effective	time, at 12	:01 a.m. on	the earlier of:
ine 90	th day after the i						
	SANVARY	19th	2011	3			
Dated	SANVARY	······································	,	<u>-</u> .			
7	1						
		Signature of a	member or author	orized representati	ve of a member		
	Jose Castro						
		···	Typed or printe	d name of signee			
	,		,				

Filing Fee: \$25.00