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(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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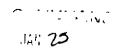
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COVER LETTER

TO:	Registration Se Division of Cor			
ettat		E FOOD STORE LLC		
SUBJ	ECT:	Name of Lim	ited Liability Company	
The er	nclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		TESSA HARRIS		
			Name of Person	<u> </u>
		A BERNARD FINANCIA	L SERVICES	
			Firm/Company	
		9032 SW 152ND STREET	• -	
			Address	
		PALMETTO BAY, FL. 33	157	
		ABERNARDFINANCIAL@	City/State and Zip Code	
		E-mail address: ()	o be used for future annual report notifi	ication)
For fur	rther information co	oncerning this matter, please ca	all:	
TESS.	A HARRIS		305 251-45491	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	ed is a check for th	e following amount:		
□ \$2	5.00 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 Curporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAYRIDGE FOOD STORE LLC			
(<u>Name of the Lim</u>	ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Florida document number L18000261421	- · ·	nd assigned and assigned	
This amendment is submitted to amend the fol			
	-		
A. If amending name, enter the new name	of the limited hability company h	<u>ere</u> :	
The new name must be distinguishable and contain the	words "Limited Liability Company," the c	lesignation "LLC" or the abbressation "L.L.C."	
Enter new principal offices address, if appli	cable:	E CRE	
Principal office address MUST BE A STRE	ET ADDRESS)	SSI	
		RORAL TO	
Enter new mailing address, if applicable:		<u> </u>	
<u>Mailing address MAY BE A POST OFFICE</u>	<u> </u>		
			
3. If amending the registered agent and registered agent and/or the new registered (our records. enter the name of the	
egistered agent and/or the new registered to	mice address nere.		
Name of New Registered Agent:	JAMES BOODOO		
New Registered Office Address:	27820 SW 127TH AVENUE		
	Enter Florida street addre.		
	HOMESTEAD	Florida 33032	
	City	Zip Code	

ew Registered Agent's Signature, if changing Registered Agent:

hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and cept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is ing filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability mpany has been notified in writing of this change.

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>	<u>Address</u>	Type of Action
MGRM	RUSSELL BOODOO	158 FOXTAIL COURT CLAYTON, NC 27520	Add
			
			☐ Change
MGRM	JAMES BOODOO	10501 SW 166TH STREET MIAMI, FL. 33157	■ Add
			= 13 x x x x x x x x x x x x x x x x x x
			JAN 22 PH Add Remove
			PLO PLO Add
			Remove
			Change
			☐ Remove
			Change
			
			☐ Remove
			☐ Change
			Remove
			☐ Change

. If amending any other information, enter change(s) here: (Attach ade	annoma anocia, y necessary.)
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	<u> </u>
	
JANUARY 01 2019 Effective date, if other than the date of filing:	(ontinnal)
(If an effective date is listed, the date must be specific and cannot be prior to date of tiling on Note: If the date inserted in this block does not meet the applicable statutory fit document's effective date on the Department of State's records.	(optional) or more than 90 days after filing.) Pursuant to 605.0207 (Jiling requirements, this date will not be listed as the
the record specifies a delayed effective date, but not an effectiv) The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier of:
Dated	
Signature of a member or authorized representat	tive of a member
JAMES Bood Typed or printed name of signed	NOO .

Page 3 of 3

Filing Fee: \$25.00