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(Re	questor's Name)	
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(Cit	ry/State/Zip/Phone	e #)
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(Do	ocument Number)	
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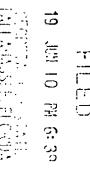
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JUN 2 1 2019 S. YOUNG



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: ZANA FOOd Mart LLC Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Semere G. Wubet Name of Person
ZANA FOOd Mart LLC Firm/Company
1500 Florida Avenue
Senerewubet agmost ocum E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Semere G. Wubet at (904) 802-1551. Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$ \$25.00 Filing Fee Sectificate of Status Sectificate of Status Sectional copy is enclosed) \$ \$25.00 Filing Fee Sectificate of Status Sectional copy is enclosed) \$ \$60.00 Filing Fee, Certificate of Status Sectional copy is enclosed) \$ \$ \$ \$25.00 Filing Fee Sectificate of Status Sectional 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

CANA FOOD	Mart LLC	
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on ca a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C	Company were filed on <u>12 -</u>	24-18 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	uited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designa	ntion "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	<u> </u>
Enter new mailing address, if applicable:	·	
<u> </u>	3.44.1	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida si	reet address
		, Florida
	City	Zip 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	Semere G. Wubet	784-2 Summer St. Ct	
		Jocksonville, F232221	🗆 Remove
			Change
			□ Add
			Remove
			Change
		•	Add
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			Add
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			Change
			_□ Add
			_□ Remove
			_ Change

	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
-	
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•	
Effect	tive date, if other than the date of filing: (optional)
Note:	Tective 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 605.020. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a ment's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
Dated	03-15-19 , 2019
	Signature of a member or authorized representative of a member
	Exped or printed prime of signer

Page 3 of 3

Filing Fee: \$25.00