## 490000 28/63

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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## **COVER LETTER**

TO: Registration Se Division of Cou			~2°
Suimarket SUBJECT:	LLC		
<u> </u>	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub		A STATE OF THE STA
	Ingrid Rojas		€ `
	<del></del>	Name of Person	
	Suimarket LLC		
		Firm/Company	
	15448 Murcott Blossom B	llvd	
		Address	<del></del>
	Winter Garden		
	suimarketlle_usa@gmail.co	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information of	concerning this matter, please c	all:	
Ingrid Rojas		407 7655760 at ( )	
Name o	of Person		Telephone Number
Enclosed is a check for t	he 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 ARTICLES OF ORGANIZATION **OF**

ARTICLES OF A		
TO ARTICLES OF OF OF	RGANIZATION	ords.) and assigned
Suimarket LLC		
( <u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our rec ability Company)	ords.)
The Articles of Organization for this Limited Liability Company vi Florida document number L19000028163	vere filed on 03/08/19	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
The new name must be distinguishable and contain the words "Limited Liabilit	y Company," the designation "I	J.C." or the abbreviation "L.L.C."
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 off registered agent and/or the new registered office address here:		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete paccept the obligations of my position as registered agent as pubeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, ovided for in Chapter 60	, and I am familiar with and 15, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	Suad Hai	15448 Murcott Blossom Blvd, Winter Garden, FL 34787	Add
			☐ Remove
			Change
	<del></del>	<del></del>	Add
			□ Remove
			☐ Change
	<del></del>		
		<del></del>	☐ Remove
			□ Change
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			( .) N	
fective date, if other than the neffective date is listed, the date in	ust be specific and cannot be	prior to date of filing or n	<b>ore than 90 days after filing.)</b> Pur	suant to 605,0207
ote: If the date inserted in this cument's effective date on the			g requirements, this date will	not be listed as
	, <u>,</u>			
record specifies a delaye	ed effective date, bu	t not an effective	ime, at 12:01 a.m. on	the earlier of
The 90th day after the re	cord is filed.			
March 8th	2019			
ted March 8th	·	<u> </u>		
	1	rid Rojas authorized epresentative		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00