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| (Requestor's Name) | |
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| (Business Entity Name) (Document Number) | |
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Amend/rame change

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COVER LETTER

| | gistration Sec vision of Corp | | | | | | |
|--------------|----------------------------------|--------------------------------------------|---------------------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------|------------|--------------------------------------------------------|
| SUBJECT | GUATEMA: | X GROCERY LLC | | | | | |
| SUBJECT | | Name of Limi | ited Liability Company | | | | |
| The enclose | ed Articles of A | amendment and fee(s) are subj | mitted for filing. | | | | |
| Please retur | n all correspon | dence concerning this matter | to the following: | | | | |
| | | JOSE ROBLERO | | | | | |
| | | | Name of Person | | | | |
| | | | Firm/Company | | | | |
| | | 103 SW 6 TH STREET A | | | | | |
| | | POMPANO BEACH, FLO | Address DRIDA 33060 | | | | |
| | | | City/State and Zip Code | | | 19 | 1. <u>1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1</u> |
| | | E-mail address: (t | to be used for future annual re | port notification) | | 19 (JCT 23 | 14 . 14 . |
| For further | information co | ncerning this matter, please ea | all: | | | | , |
| JOSE ROP | BLERO | | 561 6286 at () | 848 | | co H | |
| | Name of | Person | Area Code | Daytime Telephone | Number | 50 | ALC: N |
| Enclosed 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) | Sed) Co | 0.00 Filing Fee, ertificate of Stat ertified Copy dditional copy is end | | |
| | | | | | | | |

MAILING ADDRESS:

TO:

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

| CL | JATEM | 1.3.3 | CD | CCU | DΥ | 1.1 | 1 |
|-----|------------|---------|-------|--------|----|-----|----|
| Uil | JAN 1 15.0 | . 1 / 1 | N UiK | יו. או | Κì | 1.1 | ١. |

(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 Li | iability Company | were filed on OC | TOBER 07, 2019 | _and ass | igned |
|--------------------------------------------------------|----------------------------|-----------------------|--------------------------------|-------------|---------------|
| Florida document number L19000251251 | · | | | | |
| This amendment is submitted to amend the follo | owing; | | | | |
| A. If amending name, enter the new name of | f the <u>limited li</u> ab | ility company he | <u>re</u> : | | |
| GUATEMEX GROCERY LLC | | | | | |
| The new name must be distinguishable and contain the w | ords "Limited Liabil | lity Company," the de | esignation "LLC" or the abbrev | riation "L. | L.C." |
| Enter new principal offices address, if applic | able: | JOSE ROBLERO | O | | |
| (Principal office address MUST BE A STREE | | 103 SW 6TH ST | REET A | | |
| | | POMPANO BEA | ACH, FLORIDA 33060 | | |
| | | | | 30.0 | -1 |
| Enter new mailing address, if applicable: | | | - | | |
| (Mailing address MAY BE A POST OFFICE) | <u>BOX)</u> | | | | |
| | | | | <u> </u> | <u> </u> |
| B. If amending the registered agent and/ | | | our records, enter the | z n | |
| registered agent and/or the new registered of | fice address her | <u>e</u> : | | | υ· |
| Name of New Registered Agent: | JOSE ROBLER | ко | | | _ |
| New Registered Office Address: | 103 SW 6TH S | TREET A | | | |
| | | Enter Flori | ida street address | | |
| | POMPANO BE | ЕАСН | , Florida 33060 | | |
| | ······ | City | <u> </u> | Zip Code | |
| New Registered Agent's Signature, if changing I | 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 |
|--------------|-------------|-------------|----------------|
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| _ | nding any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
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| t an effe Note: | ve date, if other than the date of filing: (optional) ective 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 605.0207 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as ent's effective date on the Department of State's records. |
| The | ord 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 | october 22. 2019 |
| | 1 Fund |
| | Signature of a member or authorized representative of a member |
| | Tose Roble Ro Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00