19000305281

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cı	ty/State/Zip/Phone	#)
PłCK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Name)
(Do	ocument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filing Officer	

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JAN 1/3/2020

COVER LETTER

TO:

Registration Section

Division of Cor	porations			
SUBJECT:	Name of Lim	sep Market CC ited Liability Company	<u>- C</u>	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Benjamen Goldberg Name of Person			
		Erro/Company	545ten	
		Pinc Island Address		
	Plantatio	City/State and Zip Code	37321	
	E-mail address: (to be used for future annual report noti	fication)	
For further information e	oncerning this matter, please c	all:		
		at () Area Code Daytim		
Name o	f Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	ne 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 Addres Registration 5 Division of C P.O. Box 632	Section orporations	Street Address: Registration Se Division of Co The Centre of T	rporations	
Tallahassee, l			e Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited L	1 Coop 1	narvet	LLC		_	
(Name of the Limited L (A F	fability Company as it forida Limited Liability	now appears on ou Company)	r records.)		_	
The Articles of Organization for this Limited Liabil Florida document number <u></u> 19>>>3052		iled on $\frac{12}{}$	23/19	and	d assign	ed
This amendment is submitted to amend the following	ng:					
A. If amending name, enter the new name of the	e limited liability co	ompany here:				
The new name must be distinguishable and contain the words	"Limited Liability Con	pany," the designati	on "LLC" or the a	bbreviatio	n "L.L.C	
Enter new principal offices address, if applicable	<u></u>					<u></u>
(Principal office address MUST BE A STREET A	DDRESS)					
		· · · · · · · · · · · · · · · · · · ·				
Enter new mailing address, if applicable:		-10				
(Mailing address MAY BE A POST OFFICE BO)	<u></u>		<u> </u>	<u> </u>	202	
B. If amending the registered agent and/or regis	tered office addres	s on our records	enter the nan	≟2 neoftha	A rew r	egistered
agent and/or the new registered office address he	ere:		,	55%	ယ	
Name of New Registered Agent:				FEGR	AM O	D
New Registered Office Address:		Enter Florida stre	et address		39	
			, Florida			
_	Ci	ù.		Zıp C	'ode	

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. Thereby 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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	Rosemary Malorey	1235 Apaleille Phing	XAdd
		Talkhassee, FL 32301	🗆 Remove
			□Change
			🗆 Add
			□Remove
			□Change
			□Add
			□Remove
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<u> Vote:</u> Ti'ti	date, if other than the date of e date is listed, the date must be spe ne date inserted in this block door s effective date on the Departme	es not meet the applic	cable statutory filing re	(optional) han 90 days after filing.) Pu quirements, this date wil	rsuant to 605.0207 I not be listed as
record sp I is filed.	ecities a delayed effective date.	hut not an effective t	ime, at 12:01 a.m. on t	he earlier of: (b) The 9	Oth day after the
rated	1/13/20				
	Signati	ire of ameriber or auth	orized representative of a	member	
			dberg		

Filing Fee: \$25.00