L200000 14291

(Requestor's Name)
(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:

Office Use Only



200344507162

05/26/20--01012--018 **25.00



JUN 12 2020 S. YOUNG Jerrold E. Slutzky, J.D., CFP^k Attorney at Law Slutzky Law Firm

853 Main Street, Suite A Safety Harbor, FL 34695 Telephone: (727) 475-6200

Fax: (727) 474-0157 JerrysluLaw@gmail.com www.SlutzkyLawFirm.com

May 19, 2020

Pasco County Office 20719 Sterlington Drive, Suite 103 Land O' Lakes, FL 34638 (813) 909-1515

Florida Department of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Lucky on 7th Groceries LLC

To Whom It May Concern:

In connection with the aforesaid company. I have enclosed the duly signed Articles of Amendment to Articles of Organization for Florida Limited Liability Company.

I have also enclosed my check in the sum of \$25.00.

Please expedite the above Amendment to the Articles of Organization of the aforesaid company.

If you have any questions, or if anything else is required, please do not hesitate to call me.

Very truly yours.

Jerrold E. Slutzky, J.D., CFP^w

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
	ndence concerning this matter						
	Nicole Thompson						
		Name of Person					
	Lucky on 7th Groceries LI	.C					
		Firm/Company					
	3153 Sheehan Drive						
		Address					
	Land O' Lakes, FL 34638						
		City/State and Zip Code					
	Nikolee5@yahoo.com						
	E-mail address: (to be used for future annual report no	tification)				
For further information c	oncerning this matter, please c	all:					
Jerrold E. Slutzky, Esq.		727 475-6200 at ()					
Name of Person		Area Code Daytir	me Telephone Number				
Enclosed is a check for th	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 S		<u>Street Address:</u> Registration Se	ection				
Division of C		•	Registration Section Division of Corporations				
P.O. Box 632	7	The Centre of	The Centre of Tallahassee				
Tallahassee, l	FL 32314	2415 N. Monro	2415 N. Monroe Street, Suite 810				

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

OF

Lucky on 7th Groceries LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) andassigned The Articles of Organization for this Limited Liability Company were filed on January 6, 2020 Florida document number L20000014291 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here: Nicole E. Thompson Name of New Registered Agent: 3153 Sheehan Drive New Registered Office Address: Enter Florida street address _. Florida 34638 Zip Code Land O' Lakes

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.

Cirv

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
AMBR	Chistopher M. Rodriguez	3153 Sheehan Drive	
		Land O' Lakes, FL 34638	□ n
			□Change
			Remove
			□Change
			□Add
			☐ Change
		· · · · · · · · · · · · · · · · · · ·	□ Add
			Remove
			Change
			□Add
			Remove
			Change
			□Add
			□Remove
			□Change

								
								
						,		
								
							<u></u>	
								
								
ffective date, if other	than the dat	e of filing:				(optio	nal)	
f an effective date is listed, (Note: If the date inserted								
locument's effective dat	e on the Depart	ment of Stat	e's records.					
		_						
record specifies a delay dis filed.	ed effective dat	e, but not an	. effective tin	ne, at 12:01 :	a.m. on the e	arlier of: (b)	The 90th day	y after the
Dated May 1			2020					
10	I And.	17.0	~ N .					
111	0 4 1 4 3 2 1 4							
	Mou	1 () () () () () () () () () (mber or author	rived represen	tative of a ma-	nher		