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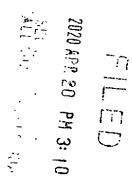
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT:		R GAMA SUPERMERCADO	OS CA LLC	
30131.01.		Name of Limi	ited Liability Company	
The enclosed	l Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return	i all correspo	ndence concerning this matter	to the following:	
		Jose da Gama		
			Name of Person	
		EXCELSIOR GAMA SUI	PERMERCADOS CA LLC	
			Firm/Company	
		1650 Diplomat Drive		
			Address	·
		North Miami Beach FL 33	179	
			City/State and Zip Code	
		joseadagama@gmail.com E-mail address: 0	to be used for future annual report	notification)
For further i	nformation c	oncerning this matter, please ca	·	
Jose da Gan	າແ		786 397.988	
	Name o	f Person	Area Code Da	ytime 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)
	iling Addres gistration S		Street Addres Registration	
Di	vision of C	orporations	Division of	Corporations
P.0	D. Box 632	.7	The Centre	of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EXCELSIOR GAMA SUPERMERCADOS CA LLC

(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 Liability Company were filed on February 13, 2020 and assigned Florida document number L20000050900 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 "LLC." 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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.

City

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
AMBR	Jose da Gama	1650 Diplomat Drive	□ Add
		North Miami Beach FL 33179	⊒ D
			□Change
MGR	Jose da Gama	1650 Diplomat Drive	≣ Add
		North Miami Beach FL 33179	□Remove
			□Change
			□Add
			□Remove
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Effect	ive date, if other t	han the date of t	filing:	tu data af filing ar ma	(optional) re than 90 days after filing	1 Durchard to 605 0207 (
Note:	If the date inserted	in this block does	not meet the applic	able statutory filing	requirements, this date	will not be listed as t
	nent's effective date					
	cord specifies a 90th day after			ot an effective ti	me, at 12:01 a.m.	on the earlier of:
	Ammil 1 Cal-		2020			
Dated	April 15th		2020			

Typed or printed name of signee