# K200000574

(Requestor's Name)
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### **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Drimples Name of Limi	Seq foot V	Market LLC.
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kell	Name of Person	
	Shrimpl	es Scatuco	1 Market LLC
	4107 L	OST Or. E	<del>-</del>
	palmet	City/State and Zip Code	34221
	E-mail address: (t	o be used for future annual report notif	fication)
For further information c	oncerning this matter, please ca	ill:	
Kelli Name o	Warric IC f Person	at (ALL) 59 Area Code Daytime	2. 4412 c 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 Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SHRIPIQS S	EAGOOD MARKOUTO 12 LLC.
(Name of the Limited	1 Liability Company as it now appears on our records:)
The Articles of Organization for this Limited Lia Florida document number	bility Company were filed on 3/8/2020 and assigned
This amendment is submitted to amend the follow	
A. If amending name, enter the new name of the state of t	A Food MARKET LLC
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:
(Principal office address MUST BE A STREET	ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE B	OX)
B. If amending the registered agent and/or reagent and/or the new registered office address	gistered office address on our records, <u>enter the name of the new registere</u> here:
Name of New Registered Agent:	KEIII M WARRICK
New Registered Office Address:	6107 GEAN DR. G.
	Enter Florida street address  Parlime Ho  City  Tin Code
N D : 11 11 11 11 11 11 11 11 11 11 11 11 1	zip Code

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.

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 adde or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
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(If an effe Note: ]	re date, if other than the date of filing:
he record ord is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the ed.
Dated _	Signature of a member or authorized representative of a member