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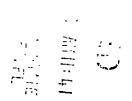
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COVER LETTER

CORALES MEAT GROCERY STORE LLC SUBJECT: _____ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: NOEL O'NEAL Name of Person Firm/Company 2715 BARNSLEY LANE Address KISSIMMEE, FL 34744 City/State and Zip Code ONEAL29@GMAIL.COM E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: NOEL O'NEAL Daytime Telephone Number Name of Person Enclosed is a check for the following amount: □ \$60.00 Filing Fee, **■** \$55.00 Filing Fee & □ \$30.00 Filing Fee & □ \$25.00 Filing Fee Certificate of Status & Certified Copy Certificate of Status Certified Copy (additional copy is enclosed) (additional copy is enclosed) Street Address: Mailing Address:

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

Registration Section

Division of Corporations

TO:

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 OF

		OCERY STORE LLC	
(Name of the Limi	ted Liability Company (A Florida Limited Lia	y as it now appears on (ability Company)	our records.)
ne Articles of Organization for this Limited Lorida document number <u>L20000112861</u>		vere filed on 04/27/2	and assigned
is amendment is submitted to amend the foll			
. If amending name, enter the new name o	of the limited liabil	ity company here:	
ne new name must be distinguishable and contain the v	words "Limited Liabilit	y Company," the design	nation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applic Principal office address MUST BE <u>A STREI</u>			
nter new mailing address, if applicable:		44 EAST 5TH STR	
ter new mailing address, if applicable: ailing address MAY BE A POST OFFICE BOX)	APOPKA, FL 3270)3	
. If amending the registered agent and/or gent and/or the new registered office addro	registered office ac	ddress on our recor	rds, enter the name of the new regist
Name of New Registered Agent:	YANELL PEGU	JERO O'NEAL	
New Registered Office Address:	2882 PAYNES		
	KISSIMMEE	Enter Florida s	, Florida 34743Zip Code
		City	, riorida 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 added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	NOEL O'NEAL	2715 BARNSLEY LANE	= Add
		KISSIMME, FL 34744	□Remove
MGR	AGR JOSE L HICIANO PAREDES	3266 AMBERLEY PARK CIRCLE	
		KISSIMMEE, FL 34743	■Remove
		□Change	
		□ Add	
		□Remove	
		Change	
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ian effi Note:	we date, if other than the date of filing:	0207 d as
recor d is fil	I specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after ed.	the
Dated	July H 2021	
	Note: The second	
	Signature of a member or authorized representative of a member	