L20000 127342

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TO:

	Registration Se Division of Cor			
CHRICC	Tarpon Spr	ings Discount Grocery LLC		
SUBJEC	1:	Name of Lim	ited Liability Company	
The enclo	sed Articles of	In Springs Discount Grocery LLC Name of Limited Liability Company es of Amendment and fee(s) are submitted for filing. respondence concerning this matter to the following: Dynah J. Sistrunk		
Please ret	urn all correspo	ndence concerning this matter	to the following:	
		Dynah J. Sistrunk		
			Name of Person	
		Tarpon Springs Discount (Grocery	
			Firm/Company	
		Post Office Box 217		
		.	Address	
		Greer, South Carolina 296	52	
			City/State and Zip Code	
		· • · · · · · · · · · · · · · · · · · ·		Alfa-da-A
For furthe	er information c		•	arreation)
Stacy Gre	eene		864 877-3227	
	Name o	f Person	Area Code Dayti	me Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$ 25.0	00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy
_	Mailing Addres Registration S			ection
Division of Corporations		Division of Co	orporations	
	P.O. Box 632 Tallahassee, l		The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Tarpon Springs Discount Grocery 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 Com Florida document number <u>L20000127342</u>	npany were filed on 05/11	1/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here	2:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	ignation "LLC" or the abb	reviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRES	<u> </u>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of agent and/or the new registered office address here: Name of New Registered Agent:	ffice address on our rec	ords, <u>enter the name</u>	of the new registered
New Registered Office Address:		 	
	Enter Florid	a street address	
-	City	, Florida	Zin Coda
New Registered Agent's Signature, if changing Registered A			rip cone
I hereby accept the appointment as registered agent and provisions of all statutes relative to the proper and compacept the obligations of my position as registered agent being filed to merely reflect a change in the registered company has been notified in writing of this change.	d agree to act in this ca plete performance of m it as provided for in Ch	ny duties, and I am fo apter 605, F.S. Or,	umiliar with and if this document is

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>	<u>Address</u>	Type of Action
AMBR	Jonathan A Metcalf	99 Metcalf Valley Ln.	≅ Add
		Saluda, North Carolina 28773	
			Change
			□Adđ
	,		□Remove
			Change
			Remove
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fective date, if other than the one effective date is listed, the date must ote: If the date inserted in this blocument's effective date on the De	be specific and cannot be prior to lek does not meet the application	to date of filing or more than able statutory filing requi	(optional) 190 days after filing.) Pure rements, this date will	suant to 605.0207 not be listed as
ecord specifies a delayed effective is filed.	date, but not an effective tir	ne, at 12:01 a.m. on the	earlier of: (b) The 901	h day after the
July 20	2020			
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Sunak	& Sistauras)			
Sunak	f Sistemak Agnature of a member or autho	rized representative of a me	ember	

Filing Fee: \$25.00