120000 198698

(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:

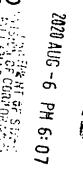




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SEP 2 4 2020 S. YOUNG



COVER LETTER

Fee,
Status & y is enclosed)
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Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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

Kevin's Market LLC				i di	第 5	
Kevin's Market LLC (Name of the Limited Liability (A Florida	ity Company a Limited Lia	as it now appeability Company	ars on our record	<u>r) </u>	OF TO	m
The Articles of Organization for this Limited Liability C					Sand as Or	ned
Florida document number L20000198698				į	8	
This amendment is submitted to amend the following:					_	
A. If amending name, enter the new name of the limi	sitad liabili	tu aamnanu	hara			
A. If amending name, enter the new haine of the unit	incu iiapiii	ty company	nere.			
The new name must be distinguishable and contain the words "Lim	nited Liability	Company," the	designation "LLC	" or the abbre	eviation "L.L.C	
Enter new principal offices address, if applicable:						
(Principal office address MUST BE A STREET ADDR	RESS)					
						
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE BOX)						
			•		• •	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		dress on our	records, <u>enter</u>	the name o	of the new r	<u>egistered</u>
Name of New Registered Agent:						
New Registered Office Address:						
		Enter F	lorida street addres	ī2		
		City	, F1	orida	Zip Code	
New Registered Agent's Signature, if changing Registered	ed Agent:					
I hereby accept the appointment as registered agent of		to act in thi	s capacity. I fu	rther agree	e to comply	with the
provisions of all statutes relative to the proper and co	complete p	erformance (of my duties, a	nd I am fan	niliar with a	and
accept the obligations of my position as registered as being filed to merely reflect a change in the registere						ent is
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

Title	<u>Name</u>	<u>Address</u>	Type of Action
OWNER	KEVIN LIBERUS	6177 SEVEN SARINGS BLVD GREENACRES, FL 33463	ZAdd
			□Remove
			Change
			□ Add
			Remove
			Change
			🗆 Add
			□Remove
			□Change
			□ Add
			□ Remove
			□Change
			□Remove
			□Change
			□Add
			□Remove
			□ Change

	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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_	A 0.0 17 - 0.0 - 0
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_	
(If an effective Note: 1	re date, if other than the date of filing:
	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 d.
Dated _	08/01/2020 /har
	Signature of a member or authorized representative of a member
	KEVIN LIBERUS Typed or printed name of signee

Filing Fee: \$25.00