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(Cit	y/State/Zip/Phone #	/)
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PICK-UP	MAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates o	of Status
Special Instructions to	Filina Officer:	
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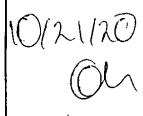
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2020 SEP II AM 8: 58
SECRETARY OF STATE
TANASSEE, FL



COVER LETTER

Division of Corpo			
SUBJECT:	PCB FOOd (Name of Limite	Mart LLC d Liability Company	
The enclosed Articles of Art	nendment and fee(s) are subm	itted for filing.	
Please return all correspond	lence concerning this matter to	the following:	
		Red Ford Name of Person	
	PLBI	Food MortLLC Firm/Company	<u></u>
	11218 Hutc	hison Blvd pan	amacityBeach FL 32407
		Be cut Florida?	
	E-mail address: (to	be used for future arrival report notif	ication)
For further information co	ncerning this matter, please cal	11:	
Demar B. Name of	e Mord Person	at (<u>850)</u> Area Code Daytime	2625 e Telephone Number
Enclosed is a check for the	e 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)

Registration Section

TO:

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 OF

FIL.ED

PCB FOOD M	MART LLC 2020 SEP 11 AM 8:58
(Name of the Limited Liability Com (A Florida Limite	Dany as it now appears on one respects RY OF STATE SECRETARY OF STATE TALLAHASSEE. FL
The Articles of Organization for this Limited Liability Compar	412112
Florida document number <u>L200 00 22 9526</u>	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lis	ability company here:
The new name must be distinguishable and contain the words "Limited Lia	
Enter new principal offices address, if applicable:	11218 Hutch son Blrd
(Principal office address MUST BE A STREET ADDRESS)	11218 Hutch:son Blrd Panamacity Beach Florida 32407
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ce address on our records, enter the name of the new registered
Name of New Registered Agent:	orkbechford
New Registered Office Address:	Enter Florida street address
	, Florida
	City 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 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>	Name	Address	Type of Action
MGR	Demor RBeckford	164 white apwayposFL3	240 Tokad
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			Remove
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			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

1	ling any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	ive date, if other than the date of filing:
e reco rd is f	rd 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 filed.
Dated	09/03/2020
	Signature of a member or authorized representative of a member
	Demar Be Alfond Typed or printed name of signee

Filing Fee: \$25.00