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Special Instructions to	Filing Officer:	
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S. YOUNG

COVER LETTER

	gistration Se ision of Co			
SUBJECT:	AMI'S MA	ŘKET STORE LLC	•	*
	- -	Name of Lin	nited Liability Company	
The enclosed	I Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		ALINE MOREAU		
			Name of Person	
		AMis	Market Stor	ell
		4345 nw 41st ter		
			Address	
		Lauder Lakes,Fl. 33319		
			City/State and Zip Code	
		Alinemoreau3@gmail.com		
		E-mail address: (to be used for future annual report not	fication)
For further in	nformation c	oncerning this matter, please co	all:	
ALINE MOI	REAU		954 687-3192 at ()	
	Name o	f Person	Area Code Daytin	e Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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)
	ling Addres		Street Address:	
_	gistration S	orporations	Registration Section Division of Corporations	
	Box 632		The Centre of T	•
	lahassee, I			e Street, Suite 810

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMI'S MARKET STORE LLC		
(Name of the Lin	nited Liability Company as it now appears on our re (A Florida Limited Liability Company)	
The Articles of Organization for this Limited	Liability Company were filed on 11/10/2020	and assigned
Florida document number 1.20000356479		=
This amendment is submitted to amend the fo	llowing:	·
A. If amending name, enter the new name	of the limited liability company here:	
The new name must be distinguishable and contain the	words "Limited Liability Company," the designation	'Ll.C" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:	
(Principal office address MUST BE A STRE		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u> </u>	
	-	
B. If amending the registered agent and/or agent and/or the new registered office addre	registered office address on our records, er	iter the name of the new registere
agent and of the new registered office addr	ess nere:	
Name of New Registered Agent:	Aline Moreau	
New Registered Office Address:	4345 nw 41st ter	
	Enter Florida street aa	ldress
	lauderdale lakes	, Florida 33319
	City	Zin 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
Owner _Mgr	Aline Moreau	4345 nw 41st ter Lauderdale Lakes,FL.33319	
			□Remove
			□Change
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an effective date is lis lote: If the date ins	ther than the date of sted, the date must be specificerted in this block does to date on the Department	ic and cannot be prior to not meet the applica	o date of filing or more the ble statutory filing rec	(optional) nan 90 days after filing.) Purs quirements, this date will i	uant to 605.0207 not be listed as
record specifies a d l is filed.	elayed effective date, bu	it not an effective tin	ne, at 12:01 a.m. on th	ne earlier of: (b) The 90th	h day after the
11/10/2020 ated		·	_ ·		
	Alme	More	OUL rized representative of a		