## K20000358065

| (Req                      | uestor's Name)  |             |
|---------------------------|-----------------|-------------|
| (Add                      | ress)           |             |
| bbA)                      | ress)           |             |
| (City                     | /State/Zip/Phor | ne #)       |
| PICK-UP                   | ☐ WAIT          | MAIL        |
| (Bus                      | iness Entity Na | me)         |
| (Doc                      | ument Number    | )           |
| Certified Copies          | Certificate     | s of Status |
| Special Instructions to F | iling Officer:  |             |
|                           |                 |             |
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|                           |                 | 57 10/18    |

Office Use Only

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## COVER LETTER

| l'O: Registration Se<br>Division of Co |  |   |  |
|--|--|---|--|
|  | ERMARKET, LLC                                |   |  |
| SUBJECT:                               | Name of Lim                                  | ited Liability Company  | <del></del>  |
| The enclosed Articles of               | Amendment and fee(s) are sub                 | omitted for filing.   |  |
| Please return all correspo             | ondence concerning this matter               | to the following:   |  |
|  | DUGA VERTISEMA                               |   |  |
|  |  | Name of Person  |  |
|  | N/A  |   |  |
|  | <del></del>                                  | Firm/Company  |  |
|  | 1037 SW 49TH AVE                             |   |  |
|  |  | Address   |  |
|  | PLANTATION, FL 33317                         | ,   |  |
|  | DUGAVERTISEMA@YA                             | City/State and Zip Code   | 45045  |
|  |  | to be used for future annual report notif                           | ication)   |
| or further information o               | concerning this matter, please c             | all:  |  |
| DUGA VERTISEMA                         |  | 954 6739214<br>at ( )   |  |
| Name o                                 | f Person                                     | Area Code Daytimo   | e Telephone Number   |
| Enclosed is a check for t              | he following amount:                         |   |  |
| <b>■</b> \$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) |
| Mailing Addres                         |  | Street Address:<br>Registration Sec                                 | ction  |
| Division of C<br>P.O. Box 632          | Corporations                                 | Division of Cor<br>The Centre of T                                  | porations  |
| Tallahassee,                           |  |   | e Street, Suite 810  |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GMT SUPERMARKET, LLC

2022 JUL 25 PH 3: 45

| (Name of the Limit  | ed Liability Compa<br>(A Florida Limited                  | iny as it now appears on ou<br>Liability Company) | r records.)  |  |
|---|---|---|--|--|
| The Articles of Organization for this Limited Li<br>Florida document number L20000358065  | iability Company  | were filed on 11/12/202                           | •  |  |
| This amendment is submitted to amend the following  | owing:  |   |  |  |
| A. If amending name, enter the new name of  | f the limited liab  | ility company here:                               |  |  |
| N/A   |   |   |  |  |
| The new name must be distinguishable and contain the w  | ords "Limited Liabi                                       | lity Company," the designation                    | on "LLC" or the abbreviation "L.L.C."                                |  |
| Enter new principal offices address, if applic  | able:   | 744 NE 167 ST                                     |  |  |
| (Principal office address MUST BE A STREET ADDRESS)   |   | MIAMI, FL 33162                                   |  |  |
|   |   |   | 1.0  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE)   | <u>BOX)</u>   | N/A   |  |  |
| B. If amending the registered agent and/or ragent and/or the new registered office address  Name of New Registered Agent:   | **  |   | , <u>enter the name of the new register</u>                          |  |
| Name of New Registered Agent.   | 1025 651 40001  |   | · · · · · · · · · · · · · · · · · · ·                                |  |
| New Registered Office Address:  | 1037 SW 49TH AVE  Enter Florida street address            |   |  |  |
|   | PLANTATION  |   |  |  |
|   |   | City  | , Florida FL 33317<br>Zip Code                                       |  |
| New Registered Agent's Signature, if changing R   | Registered Agent:   |   |  |  |
| I hereby accept the appointment as registered<br>provisions of all statutes relative to the proper<br>accept the obligations of my position as registed<br>being filed to merely reflect a change in the re-<br>company has been notified in writing of this to | er and complete<br>stered agent as p<br>registered office | performance of my du<br>provided for in Chapte    | ties, and I am familiar with and r 605, F.S. Or, 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>      | Address              | Type of Action |
|--------------|------------------|----------------------|----------------|
| MGR          | SYLVIA VERTISEMA | 1037 SW 49TH AVE     | ■Add           |
|              |                  | PLANTATION, FL 33317 | □Remove        |
|              | . <b></b>        |                      | □Change        |
|              |                  |                      |                |
|              |                  |                      | Remove         |
|              |                  |                      | □Change        |
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|   |                   | <b>X</b> 1/A      |   |                       |                           |
| fective date, if other than th  | e date of filing  | N/A               |   | (option               | al)                       |
| in effective date is listed, the date mote: If the date inserted in this locument's effective date on the | block does not m  | neet the applicat | odate of filing or mo<br>ole statutory filing | requirements, this o  | late will not be listed a |
| ecord specifies a delayed effecti<br>is filed.  | ive date, but not | an effective tim  | e, at 12:01 a.m. o                            | n the earlier of: (b) | The 90th day after the    |
| 07/08<br>   |                   | 2022              | 4   |                       |                           |
| ited  |                   |                   | F/  |                       |                           |
|   |                   |                   |   |                       |                           |
| <del></del>   | - C               |                   | izéd representative o                         | .Ca manhar            |                           |

Typed or printed name of signee