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TO:

Registration Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations MERCADO FOOD GROUP LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Monica Tirado, Esq. Name of Person Tirado-Luciano & Tirado, P.A. Firm/Company 2655 LeJeune Rd., Suite 1109 Address Coral Gables, FL 33134 City/State and Zip Code mt@tltirado.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Monica Tirado Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations

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Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comps (A Florida Limited	iny as it now apt Liability Compan	nears on our records.) y)			
The Articles of Organization for this Limited Liability Company Florida document number 1.20000361797	were filed on	November 11, 2020		and ass	igned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	ility company	here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," th	ne designation "LLC" or	the abbrev	iation "L.	L.C."
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)			<u>রুণ</u>	202	
			LLAHA	DEC -2	-
Enter new mailing address, if applicable:			_ \text{\tin}\text{\texi}\text{\text{\text{\text{\text{\texi}\tint{\text{\text{\text{\text{\text{\text{\text{\text{\text{\texi}\ti}\tint{\text{\texi}\tint{\text{\ti}\tint{\text{\texi}\t		
(Mailing address MAY BE A POST OFFICE BOX)			m.	- - -	
				<u>8</u> -	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on ou	r records, <u>enter the</u>	name of	the nev	v registe
Name of New Registered Agent:					
New Registered Office Address:					
	Enter l	Enter Florida street address			
	. Florida Zip Code				
	City		2	lip Code	
New Registered Agent's Signature, if changing Registered Agent:					

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
Manager	Kensuke Motai	2094 Prairie Avenue	
		Miami Beach, FL 33139	■ Remove
			□Add
			Remove
			□Change
			□Add
			□Remove
			□Change
		· · · · · · · · · · · · · · · · · · ·	🗀 Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			□Add
			Remove
			☐ Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: (optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605,0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record 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 record is filed.

Dated November 11

Signature of a member or authorized representative of a member

Peter Rounce

Typed or printed name of signee

Filing Fee: \$25.00