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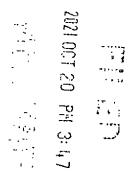
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A. BUTLER

OCT 29 2021

## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

TO:

SUBJECT: AL	MART STORE Name of Lim	ited Liability Company	<u>,                                     </u>
	mendment and fee(s) are sub-		
	Adeli	ne Harseille	
		Firm/Company	
	<u>311.NW</u>	195th TERRACE	<u> </u>
	Miami	F1 33169 City/State and Zip Code	
	<u>Amar Sel</u> E-mail address: (	11e 18 Dyahoo - Fr	
For further information con	neerning this matter, please ea	·	
Adelne	Harseille	at ( <u>786</u> ) <u>413 9</u> Area Code Daytim	1586 ne Telephone Number
Enclosed is a check for the	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)
Mailing Address: Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	ection rporations	Street Address: Registration Se Division of Cor The Centre of T 2415 N. Monro	rporations

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALMART STORE LLC

(Name of the Limited Liability Company as it now appears on our records) | 20 PM 3: 1; 7

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	y were filed on _()	5-04-2021 and assigned
Florida document number <u>L 21000 192673</u> .	<del></del>	
<del></del>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company he	<u>e</u> :
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the de	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)		
<del></del>		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our re	cords, <u>enter the name of the new registerec</u>
Name of New Registered Agent:		
New Registered Office Address:		
New Negistered Office Address.	Enter Flori	la street address
		, Florida Zıp Code
	City	Zıp Code
New Registered Agent's Signature, if changing Registered Agent	<u>:</u>	
hereby accept the appointment as registered agent and agonovisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	e performance of t provided for in C	ny duties, and I am familiar with and hapter 605, F.S. Or, if this document is
If Cha	anging Registered Age	nt. 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
HGR	Adeline Harseille	311NW 195th TER Miamif	<b>3<u>-</u>¥65</b> □ Add
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			<b>X</b> Change
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Note:	ive date, if other than the date of filing:
he recor ord is fi	ed 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 led.
Dated	10/16/2021  Llassellet Signature of a member or authorized representative of a member
	Maseill A

13111 13 03# 0