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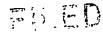
COVER LETTER

	gistration Sec ision of Corp			
CHIN HEAVE		II MARKET LLC		
SUBJECT:		Name of Limi	ted Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		CLAIRE L MOISE		
			Name of Person	
		QUICK MINI MARKET L	LC	
			Firm/Company	· · · · · · · · · · · · · · · · · · ·
		5431 N STATE RD7		
			Address	
		TAMARAC FLORIDA	33319	
			City/State and Zip Code	·
		MINIMARKET845 @GMA		
		E-mail address: (t	o be used for future annual re	port notification)
For further in	nformation co	ncerning this matter, please ca	ill:	
JEAN L MC	DISE		954 6290 at ()	
	Name of	Person	Area Code	Daytime Telephone Number 984 3068131
Enclosed is a	check for the	following amount:		
■ \$25.00 I	filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certificate of Status &

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327

Street Address: Registration Section Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



(Name of the Limited Liability Corr	many as it now annears a	2021 110V 15 AM 10: 53		
(Name of the Limited Liability Com (A Florida Limite	ed Liability Company)	M GUI TELOTUS.)		
The Articles of Organization for this Limited Liability Compa Florida document number <u>L21000455000</u> .		TALL AND STATE and assigned		
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here	:		
N/A				
The new name must be distinguishable and contain the words "Limited Lie	ability Company," the desi	gnation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applicable:	5431 N STATE RI	5431 N STATE RD7		
(Principal office address MUST BE A STREET ADDRESS)	TAMARAC			
	FL33319			
Enter new mailing address, if applicable:	A SAME			
(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:		ords, enter the name of the new regis		
Name of New Registered Agent: CLAIRE L.	CLAIRE L MOISE			
New Registered Office Address: 5431 N STA	5431 N STATE RD7			
	Enter Florida	street address		
TAMARAC		, Florida ³³³¹⁹		
	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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	CLAIRE L MOISE	521 NE 57 CT APT B FT LAUDERDALE FL 33334	
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			Change
			🗆 Add
			□ Remove
			□Change
			□Add
			□Remove
			🗆 Change
			□Add
			□Remove
			□ Change

fective date, if other than the date of filing:
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 605,020 ote: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a becument's effective date on the Department of State's records.
ecord 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 is filed.
11/03/2021 ited
Signature of a member of authorized representative of a member
JEAN L MOISE AND CLAIRE L MOISE
Typed or printed pame of signee