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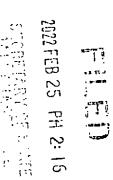
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(additional Entity Hame)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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James Johnson

MAR 1 5 2022

COVER LETTER

TO:

Registration Section

Division of Corporations	ş ²	
SUBJECT: Duck Hundlach	et L'auge 7 ited Liability Company AX FOOD DEPOT	0_
CARIBBEI	AX Food BePot	LLC
The enclosed Articles of Amendment and fee(s) are sub-		
Please return all correspondence concerning this matter	to the following:	
ţ.	L MOISE Name of Person	
change to C	ARIBICAN FOOD	DePot UC
5431 N S	tate R17	
TAmar	City/State and Zip Code	2022 FEB
Careful Committee Committe	ood defort Ofman	
For further information concerning this matter, please ex	all:	PH 2:
Jean Hoise Name of Person	at (964) 629 09 Area Code Daytime Telep	ohone Number
Enclosed is a check for the following amount:		
☐ \$30,00 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 Section	Street Address: Registration Section	
Division of Corporations	Division of Corporat	
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallah 2415 N. Monroe Stre	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF RET
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 10-19-2021 and assigned Florida document number 1000455000
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
CHRIBBEAN FOOD DEPOT LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: 5431 N state Rd7
(Principal office address MUST BE A STREET ADDRESS) Tamana FL 33319
Enter new mailing address, if applicable: A Same 343/N state Rd7 (Mailing address MAY BE A POST OFFICE BOX) 10 marac FL 333/9
B. If amending the registered agent and/or registered office address on our records, <u>enter the name of the new registered</u> agent and/or the new registered office address here:
Name of New Registered Agent: JEAN Leonel and Cours MOISE New Registered Office Address: S431 N state Rd.7 Enter Florida street address
Tanale . Florida 33/9.

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 = Man AMBR = Autl	ager horized Member	No dang	, v	M C 00 -	
<u>Title</u>	Name	No dance	Address	Address	Type of Action
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the Br	exident	Clairet	0/5e)	had?	Remove
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Note:	ve date, if other than the date of filing: \(\sum_2 \) (optional) ective 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 lf the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
he record and is file	I 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 ed.
Dated_	02-22-2023
	Signature of a picture of anularized representative of a member

Note: Name Change. New Name: CARIBBEAN FOOD DEPot LLC

1710/21 spent is number of

Certificate of Registration

DR-11 R. 10/21

Issued Pursuant to Chapter 212, Florida Statutes

16-8018559769-9

11/10/21

Certificate Number

Registration Effective Date

This certifies that

MINI MARKET QUICK MINI MARKET LLC 5431 N STATE ROAD 7 TAMARAC FL 33319-2921 Ren'Name. Caribbean Food De Pot U.C.

has met the sales and use tax registration requirements for the business location stated above and is authorized to collect and remit ax as required by Florida law. This certificate is non-transferable.



This is your Sales & Use Tax Certificate of Registration.

Detach and Post in a Conspicuous Place.

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Notify the Department immediately if you change vour:

- · business name;
- · mailing address;
- · location address within the same county; or
- · close or sell your business.

You can also notify the Department when you temporarily suspend or resume your business operations. The quickest way to notify the Department is by visiting

floridarevenue.com/taxes/updateaccount.

Submit a new registration (online or paper) when you:

- move your business location from one Florida county to another:
- · add another location;
- · purchase or acquire an existing business; or
- · change the form of ownership of your business.

Below is your Florida Annual Resale Certificate for Sales Tax.

New dealers who register after mid-October are issued annual resale certificates that expire on December 31 of the following year.

These certificates are valid immediately.



DR-11S, R. 10/21





2022 Florida Annual Resale Certificate for Sales Tax

This Certificate Expires on December 31, 2022

DR-13 R. 10/21

Susiness Name and Location Address

MINI MARKET QUICK MINI MARKET LLC 5431 N STATE ROAD 7 TAMARAC FL 33319-2921 <u>Certificate Number</u> 16-8018559769-9