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



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PILEU 2022 APR 14 PM 2: 42 SECRETARY OF STATI

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COVER LETTER

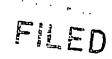
| SUBJECT: De'Mi Terra Market & Deli, LLC | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Lucy Luna Name of Person | |
| Please return all correspondence concerning this matter to the following: Lucy Luna Name of Person | |
| Lucy Luna Name of Person | |
| Name of Person | |
| | |
| | |
| Firm/Company | |
| 785 A Road | |
| Address | |
| LaBelle, FL 33935 | |
| City/State and Zip Code lucero69luna@gmail.com | |
| E-mail address: (to be used for future annual repo | ort notification) |
| For further information concerning this matter, please call: | |
| Kerensa Clark 863 674-10 | |
| Name of Person Area Code 1 | Daytime Telephone Number |
| Enclosed is a check for the following amount: | |
| ☐ \$25.00 Filing Fee | S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed) |

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



DE MI TERRA MARKET & DELL LLC

2022 APR 14 PM 2:42

1Name of the Limited Liability Company as it now appears on our records RETARY OF STATE The Articles of Organization for this Limited Liability Company were filed on December 2, 2021 and assigned Florida document number L21000511419 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: DE MI TIERRA MARKET & DELL LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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> | Name | <u>Address</u> | Type of Action |
|--------------|------|----------------|----------------|
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| <u> vote:</u> | ive date, if other than the date of filing: |
| recoi Lis fi | d specifies a delayed effective date, but not an effective time, at \$2:01 a.m. on the earlier of: (b) The 90th day after the led. |
| ated | 1/11/28 |
| | Signature of a member or authorized representative of a member |
| | - |

Filing Fee: \$25.00