

L 22000229554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

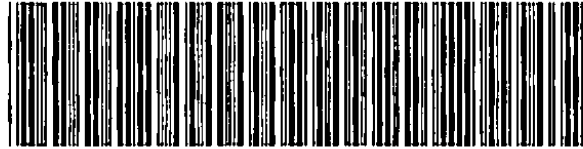
(Business Entity Name)

(Document Number)

d Copies _____ Certificates of Status _____

ial Instructions to Filing Officer:

Office Use Only



000396928270

11/07/22--01029--000 **25.00

FILED
2022 NOV -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

Registration Section
Division of Corporations

GRUPO PLUS MARKET LLC

ECT: _____
Name of Limited Liability Company

Enclosed Articles of Amendment and fee(s) are submitted for filing.

I return all correspondence concerning this matter to the following:

Enrique Story

Name of Person

Enrique Story LLC

Firm/Company

2700 Glades Cir, Suite 139

Address

Weston FL 33327

City/State and Zip Code

mikel@enrquestoryllc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Enrique Story _____ at (_____) _____
Name of Person Area Code Daytime 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 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**

GRUPO PLUS MARKET LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Articles of Organization for this Limited Liability Company were filed on 05/16/2022 and assigned document number L22000229554.

Amendment is submitted to amend the following:

Proposed amending name, enter the new name of the limited liability company here:

Name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Proposed new principal offices address, if applicable:

Principal office address MUST BE A STREET ADDRESS)

Proposed new mailing address, if applicable:

Mailing address MAY BE A POST OFFICE BOX)

When changing 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:

FILED
2022 NOV -7 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FL

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

, Florida

City

Zip Code

Registered Agent's Signature, if changing Registered Agent:

I 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 understand the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is 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

☐ Change

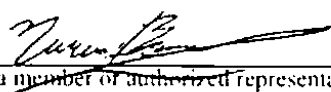
amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Effective date, if other than the date of filing: 11/02/2022 (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.

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 document is filed.

Effective date: November 2, 2022


Signature of a member or authorized representative of a member

Neyda Bazan

Typed or printed name of signee

Filing Fee: \$25.00