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### **COVER LETTER**

Tallahassee, FL 32314

TO: Registration So Division of Co						
	HITO SUPERMARKET, LLC					
SUBJECT:	Name of Lim	ited Liability Company				
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please return all correspondent	ondence concerning this matter	to the following:				
	Adelina Ruiz, Esq.					
		Name of Person			-	
	Law Offices of Adelina Ru	riz, PA				
	<u> </u>	Firm/Company			-	
	800 Village Square Crossin	ng				
		Address		<del> </del>	-	
	Palm Beach Gardens, FL 3				-	
		City/State and Zip Code	!			
	adelinaruiz@aruizlaw.com	to be used for future annua	l mant notitions	ion)		
			ттерин пописа	1011)	; ·	2000
For further information of	concerning this matter, please c	all:			<u>,                                    </u>	دة س
Adelina Ruiz		.=	2 7060		- ( -	[13
Name o	of Person	at () Area Code	Daytime Te	lephone Number	Г	Ø,
Enclosed is a check for t	he following amount:				•	- 3
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee Certified Copy (additional copy is er		\$60.00 F Certifica Certified (additional	ite of Sta I Copy	tus &
<u>Mailing Addre</u> Registration Division of C	Section	Regista Divisio	Address: ration Section on of Corpor	rations		
P.O. Box 633	77	The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## EL RANCHITO SUPERMARKET, LLC

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

(A Florida Limited Liability Company)

(A Flori	da Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number  L23000327612	Company were filed on JULY 11, 2023	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and contain the words "Li	imited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADL	DRESS)	
		28
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here		the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres.	5
		orida
	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>	Address	Type of Action
MGR	OLIVIA MIRANDA	802 N.E. PARK STREET	<b>=</b> Add
		OKEECHOBEE, FLORIDA 34972	□Remove
			Change
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(optional) or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) filing requirements, this date will not be listed as the	ate, if other than the date of filing: date is listed, the date must be specific and cannot be prior date inserted in this block does not meet the applieffective date on the Department of State's records	effective date is list :: If the date inse
.m. on the earlier of: (b) The 90th day after the	cifies a delayed effective date, but not an effective	ord specifies a de filed.
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.m. on the earlier of: (b) The 90th day after	effective date on the Department of State's records sifies a delayed effective date, but not an effective of the state of	ord specifies a defiled.

Filing Fee: \$25.00