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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

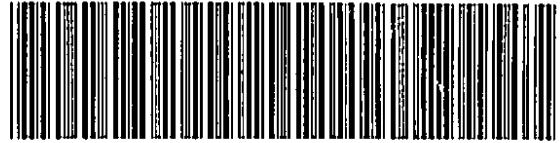
(Business Entity Name)

(Document Number)

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2019 OCT -4, PM 3:28

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MYSTIC FOOD MART LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

HOSEN, MD BELAYAT

Name of Person

MYSTIC FOOD MART LLC

Firm/Company

3434 4TH AVE N APT 210

Address

ST PETERSBURG FL 33713

City/State and Zip Code

belayat123@gmail.com

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

For further information concerning this matter, please call:

HOSEN, MD BELAYAT at (631) 8296673
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MYSTIC FOOD MART LLC

(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 June 24, 2019 and assigned Florida document number L19000165108.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

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:

(Principal office address MUST BE A STREET ADDRESS)

3334 15TH AVE SOUTH
ST PETERSBURG FL 33712

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3434 4TH AVE N APT 210
ST PETERSBURG FL 33713

FILED
2019 OCT - 6 PM 3:28
ST. PETERSBURG, FL
TALAMON & ASSOCIATES, P.A.

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: HOSEN, MD BELAYAT

New Registered Office Address: 3434 4TH AVE N APT 210

Enter Florida street address

ST PETERSBURG, Florida 33713
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.

MD: BELAYAT HOJEDY

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 = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
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