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T. HAMPTON

APR 2 7 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration Security Division of Corp			
suвјест: <u>Ва</u>	SIL MARKET (Name of Limi	AND DELI LLC ited Liability Company)	2
The enclosed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
3	Basil M	NadKARNI (Name of Person)  [ARKET AND Deli (Firm/Company)  ND Ave Unit (Address)  FL 33/33 (City/State and Zip Code)	<del>+</del> 0
_	oncerning this matter, please ca		
Rom	AN TARAN	at ( <u>305)</u> 444 – 4 (Area Code & Daytime To	1848
(Name o	f Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for th	e 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

## MAILING ADDRESS:

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

## STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BasiL MAR	Ket ANK	Deli	LLC		
(Name of the Limited L	<b>Liability Company</b> Florida Limited Lia	as it now annears	s on our records.)		
The Articles of Organization for this Limited Lial Florida document number <u>L 06 0000</u>		ere filed on	8/01/201	<u>26</u> and as	signed
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liabili	ty company here	2:		
The new name must be distinguishable and end with "L.L.C."	the words "Limited	d Liability Compar	ny," the designation "L	LC" or the	abbreviation
Enter new principal offices address, if applical	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				<b>-</b>
				09	SE
				APR	E R E
Enter new mailing address, if applicable:				24	PAR PR
(Mailing address MAY BE A POST OFFICE B	OX)		-	PH	- 유유 유
				<i>\frac{1}{2}</i>	DRA DRA
				£ 8	Pm Pm
B. If amending the registered agent and/or registered agent and/or the new registered offi		ce address on o	ur records, <u>enter ti</u>	<u>ie name (</u>	of the new
Name of New Registered Agent:					
New Registered Office Address:	tered Office Address: (Enter Florida street address)				
			, Florida		
		(City)	, , , , , , , , , , , , , , , , , , , ,	(Zip Cod	de)
New Registered Agent's Signature if changing Pe	aistored Agent:				

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 608, 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 the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member **Type of Action Address** Name ROMAN TARAN ☐ Remove Remove **□** Add Remove ☐ Add Remove ☐ Add ☐ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 04-07-2009. Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00