(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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08/31/09--01030--001 **25.00

COVER LETTER

Division of Corporations	
SUBJECT: Tangelo Food Name of Limited	Market, LLC d Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Saifeddin Ghaith Name of Person	
Tangelo Food Market, L	
8004 Mandarin Dr Address	· · · · · · · · · · · · · · · · · · ·
Orlando FC 32819 City/State and Zip Code	
E-mail address: (to be used for future annual report notification	ion)
For further information concerning this matter, ple	ease call:
Saifeddin Ghaith at (407 683-0000 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Tanaelo	Food Market	116	' ^{AM} 8: 37		
(Name of the Limited I	Food Market, Liability Company as it now ap Florida Limited Liability Compa	ppears on our records.)			
The Articles of Organization for this Limited Lia		5/27/09	and assigned		
Florida document number <u>L0900005142</u>	<u>24</u> .				
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liability company	<u>here</u> :			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Co	ompany," the designation '	'LLC" or the abbreviation		
Enter new principal offices address, if applica	ble:				
(Principal office address MUST BE A STREET	ADDRESS)				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE B	<u></u>				
B. If amending the registered agent and/or registered agent and/or the new registered off		on our records, <u>enter</u>	the name of the new		
Name of New Registered Agent:	Saifeddin 8004 Mar	Ghaith			
New Registered Office Address:	8004 Mar	ndarin Dr			
Enter Florida street address					
	<u>Orlando</u> City	, Florida _	32819		
	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 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 Changing Registered Agent, Signature of New Registered Agent

. If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Man MGRM = Ma	ager ' ' ' anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>mg</u> R	Emadaldeen Ghaith	8004 Mandarin Dr Orlando, FL 32819	Add Remove
MGR	Saifeddin Ghaith	8004 Mandarin Dr Orlando, FL 32819	Add Remove
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			- -
Dated	August 27, 20	<u>09</u> .	
-	_	or authorized representative of a member Ain Ghaith or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00