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## **COVER LETTER**

то:	legistration Section Division of Corporations		
SUBJ	r: Food land Sufernarkets LLC  Name of Limited Liability Company		
	Name of Limited Liability Company		
The en	sed Articles of Amendment and fee(s) are submitted for filing.		
Please	arn all correspondence concerning this matter to the following:		
,	Qassan Mustafa		
	Name of Person	<del></del>	
	Firm/Company	7A.	
	11845 Collièr Blud Address Naples PC 34116		
	Address	29 1888 1887	Mile Barr
	Naples Pc 3416	THE THE SECOND	
	City/State and Zip Code		
	E-mail address: (to be used for future annual report notification)		
For fu	t information concerning this matter, please call:		
	Name of Person at (305) 491 Of 48  Area Code & Daytime Telephone Num		
	Name of Person Area Code & Daytime Telephone Nur	nber	
Enclos	is a check for the following amount:		
\$2.	Certificate of Status Certified Copy Certi (additional copy is enclosed) Certi	Filing Fee, ficate of Status & ified Copy itional copy is end	

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

FOOD LAND S	upernar k	eTs a	11C					
(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 Lia	bility Company	were filed	on 12 hol	<u>2ාග ි</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 liab	ility compa	<u>iny here</u> :					
The new name must be distinguishable and end with "L.L.C."  Enter new principal offices address, if applications are applicated to the contract of the contrac		^	Company," the desi	gnation "LLC" or the	abbreviation			
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)			45 Collier	Ri II				
Trincipul office united modified A STREET	ADDRESSI		Holes FC	344	1 2			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B	<u>ox</u> )		ipes (C	29 AMW: 00	Street			
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:		Sam	Mustaf Bwol	a				
New Registered Office Address:	(107)	Collier	Enter Florida s	street address				
	NAPLE	25 City		lorida 3411 Zip Cod	o			

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 = Manager

MGRM = Managing Member <u>Title</u> Name <u>Address</u> **Type of Action** KGP assan Must Add 🔼 Remove EKHIAS Mustale MGR Street ☐ Add 38031 **™** Remove ☐ Add ☐ Remove Add Remove Remove PAdd . Remove -8 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member of authorized representative of a member Qqssam Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00