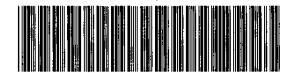
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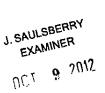
(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	· #)		
	WAIT	<u></u>		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	AMIGO FO	OOD STORE LLC	
·	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	,
		LUIS R SMITH	
	v s	Name of Person	
JESSEL INVESTMENT LLC			
		Firm/Company	
	. 11402 N	W 41ST STREET SUITE 211	· .
•		Address	
		DORAL, FL 33178	
-		City/State and Zip Code	29 2
•		JESSEL@GMAIL.COM to be used for future annual report notificat	ion) 2
For further information	concerning this matter, please c	•	\$3.00 co
Name	of Person	at () Area Code & Daytime To	elenhone Number
Name	. 01 1 615011	Alea Code & Dayume IV	Sephone Number S
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

,	City	•	Zip Code
		, Florida	
New Registered Office Address:	Enter Florida street address		
Name of New Registered Agent:		•	
registered agent and/or the new registered offi	ice address here:		
B. If amending the registered agent and/or	r registered office address on	our records, enter t	he name of the ne
		e en	5
(Mailing address MAY BE A POST OFFICE B	<u></u>	· · · · · · · · · · · · · · · · · · ·	
Enter new mailing address, if applicable:		n no	
		·	2 2
(<u>Principal office address MUST BE A STREET</u>	ADDRESS)		
Enter new principal offices address, if applica	ble:		. Many
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	any," the designation "I	LC" or the abbreviation
A. If amending name, enter the new name of	the <u>limited liability company he</u>	<u>re</u> :	
This amendment is submitted to amend the follow	•		•
•	·		
Florida document number L090001222			
The Articles of Organization for this Limited Lia	bility Company were filed on	08/24/2004	and assigned
(A)	Liability Company as it now appea Florida Limited Liability Company)	irs on our records.)	
	IGO FOOD STORE LLO		

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> <u>Name</u> **Address** Type of Action MGR KHAINUR J ALAM 933 S DIXIE HWY POMPANO BEACH ☐ Add ✓ Remove Remove Remove Remove Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER, 03 Signature of a member of authorized representative of a member

Page 2 of 2

MOHAMMAD A. ALAM
Typed or printed name of signee

Filing Fee: \$25.00