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COVER LETTER

. Divi	ision of Corpo	rations			
SUBJECT:	AMIGO FOOD STORE LLC				
SUBJECT.		Name of Limite	d Liability Company		
The enclosed	Articles of Ar	nendment and fee(s) are subm	itted for filing.		
Please return	all correspond	ence concerning this matter to	the following:		
		LUIS R. SMITH			
			Name of Person		
		TAXES USA LLC			
			Firm/Company		
		11402 NW 41ST STREET S	• •		
			Address		
		DORAL, FL 33178			
			City/State and Zip Code		
		LM.JESSEL@GMAIL.COM			
		E-mail address: (to	be used for future annual report noti	fication)	
For further is	nformation con	cerning this matter, please call	1:		
LUIS R. SM	ITH		305 470-2429		
	Name of P	erson	at () Area Code Daytim	ie Telephone Number	
Enclosed is a	i check for the	following amount:			
■ \$25.00 F	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:

TO:

Registration Section

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

1

AWIGO FOOD STOKE LLC		
(<u>Name of the Limited Liabl</u> (A Florid	lity Company as it now appears on our record la Limited Liability Company)	<u>15.</u>)
The Articles of Organization for this Limited Liability (Florida document number L09000122257	Company were filed on 12/24/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and contain the words "Lir	mited Liability Company," the designation "LLC	T" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		: • ,
Principal office address MUST BE A STREET ADD	RESS)	···
		<u> </u>
		72
Enter new mailing address, if applicable:		- :
Mailing address MAY BE A POST OFFICE BOX)		
		. 1
3. If amending the registered agent and/or registered agent and/or the new registered office add Name of New Registered Agent:		s, enter the name of the
Name Davistanad Office Address		
New Registered Office Address:	Enter Florida street addres	ss
	, FI	lorida
	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.

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 **Type of Action Address** Title Name. ZIAUR R. CHOWDHURY 933 S DIXIE HWY MGR POMPANO BEACH, FL 33060 ■ Add ☐ Remove _□ Change _D Add ☐ Remove _ Change ☐ Remove _ Change □ Add ☐ Remove □ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove

_□ Change

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Effect	tive date, if other than	n the date of filing:		(0	ptional)	
rote:	it the date inserted in the	is must be specific and cannonis block does not meet the he Department of State's	ne applicable statutor	ig or more than 90 days a y filing requirements,	fter filing.) Pursuant to 6 this date will not be l	505.0207 isted as
ne re The	cord specifies a del e 90th day after the	ayed effective date, record is filed.	but not an effect	tive time, at 12:0	1 a.m. on the ear	rlier of
Dated	JUNE 27		$\frac{9}{11}$	Ah MA		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00