111000016703

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(Business Entity Name) (Document Number)
(Business Entity Name)
(Document Number)
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2016 NOV -u P 3 26
SECRETARY OF STATE

D. BRUCE OCT 25 2016





FLORIDA DEPARTMENT OF STATE Division of Corporations

October 25, 2016

JESSICA SETH 3561 EMERSON STREET JACKSONVILLE, FL 32207

SUBJECT: SORIYA FOOD MARKET LLC

Ref. Number: L11000016703

2016 NOV -4 PM 12: 45
SECRETARY OF STATES
TALL AHASSEE, FLORIDA

We have received your document for SORIYA FOOD MARKET LLC and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 516A00022919

FILED 20 SECRETARY OF STATE OF



COVER LETTER

TO:

TO: Registration Division of C					
SORIYA	FOOD MARKET LLC				
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing			
	pondence concerning this matter	J			
	JESSICA SETH				
		Name of Person	·		
	SORIYA FOOD MARKE	TLLC			
		Firm/Company			
	3561 EMERSON STREET	Γ			
		Address			
	JACKSONVILLE, FL 322	207			
		City/State and Zip Cod	e		
	E-mail address: (to be used for future annua	al report notification)		
For further information	n concerning this matter, please co	all:			
HARRY A MACAUL	AY CPA		31-2277		
Name	e of Person	at () Area Code	Daytime Telephor	ne Number	
Enclosed is a check for	r the following amount:			ZUIB NOI SECRET	רר
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee Certified Copy (additional copy is e		\$60.00 Shing Fee, Certifffate of Surtu Certified Copy (additional copy is onch (RECOPY)	is & 🔚
Regi Divi P.O.	stration Section sion of Corporations Box 6327 ahassee, FL 32314	Registr Divisio Clifton 2661 E.	ET/COURIER ADD ation Section n of Corporations Building xecutive Center Circl assee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SORIYA FOOD MARKET LLC				
(Name of the Limit	ed Liability Company (A Florida Limited Liab	as it now appears on ou oility Company)	r reçords.)	
The Articles of Organization for this Limited L	iability Company we	ere filed on 02/08/11	aı	nd assigned
Florida document number L11000016703				
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liabilit	y company here:		
he new name must be distinguishable and contain the v	vords "Limited Liability	Company," the designat	ion "LLC" or the abbreviat	ion "L.L.C."
Enter new principal offices address, if applic				
• • •				
<u>Principal office address MUST BE A STREE</u>	<u>EI ADDRESS)</u>			
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE			SECRETARY OF S	
B. If amending the registered agent and registered agent and/or the new registered o	or registered offic	ce address on our	records, enverthe Y	_
Name of New Registered Agent:	JESSICA	SETH		
New Registered Office Address:	3561 EMERSON	STREET Enter Florida str	eet address	
	JACKSONVILLE		, Florida	
		City	, 1 101 102	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	SOPHAR S DEE	3561 EMERSON STREET	
		JACKSONVILLE, FL 32207	■ Remove
			□ Change
MGRM	JESSICA SETH	3561 EMERSON STREET	≅ Add
		JACKSONVILLE, FL 32207	Remove
			Change
			Add
			Remove
			☐ Change
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ective date, if other than the dat	e of filing:			(optional)	
effective date is listed, the date must be e: If the date inserted in this block	specific and cannot be p	rior to date of filing	or more than 90 day	ys after filing ts. this date	g.) Pursua will no	nt to 605.03 t be listed
ument's effective date on the Depar	tment of State's recor	ds.	5	,		
record specifies a delayed ef	fective date, but	not an effectiv	e time, at 12	:01 a.m.	on the	e earlier
he 90th day after the record	is med.					
OCTOBER 20	2016					
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Filing Fee: \$25.00