## L13000/35794

(Requestor's Name)
(Address)
(Address)
(Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)
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15 JUN -8 AN 7:57

SECRETARY OF STATE
SECRETARY OF STATE

T. HARFTON

## **COVER LETTER**

	gistration Sectivision of Corpo			2	ť
SUBJECT:	CMP Food Ma	art LLC			
SUBJECT,		Name of Limi	ted Liability Company		
The enclose	d Articles of An	nendment and fee(s) are sub	nitted for filing.		
Please return	all correspond	ence concerning this matter	to the following:		
		Jagdish C. Asija			
			Name of Person		_
		CMP Food Mart LLC			
			Firm/Company		-
		400 North Highway 29			
			Address		<b>-</b> '
		Cantonment, FL 32533			
			City/State and Zip Code		_
		cmpjca@gmail.com			
		E-mail address: (t	o be used for future annual repo	rt notification)	
For further i	nformation cond	cerning this matter, please ca	dl:		
Jagdish Asi	ja		850 968-62 at ( )	220	
	Name of Po	erson		Daytime Telephone Number	<u></u>
Enclosed is	a check for the I	ollowing amount:			
\$25.00 }	Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed	l) Certifie	ate of Status &

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

	iability Company as it now appears on forida Limited Liability Company)	
The Articles of Organization for this Limited Liabil		
<del>-</del>	ity Company were filed on	2013 and assigned
Florida document number L13000135794	·	
This amendment is submitted to amend the followin	ıg:	
A. If amending name, <u>enter the new name of the</u>	limited liability company here:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the design	
Enter new principal offices address, if applicable	:	TALES TO
Principal office address MUST BE A STREET A	DDRESS)	CREIN-8
Enter new mailing address, if applicable: <u>Mailing address MAY BE A POST OFFICE BOX</u>	2	AM 7: 57
3. If amending the registered agent and/or registered agent and/or the new registered office and the new registered office and the new registered of the new registered Agent:		r records, <u>enter the name of the no</u>
	400 North Highway 2	Ω
Nous Dealstoned (NYT Add		. 37
New Registered Office Address:	Enter Florida st	
New Registered Office Address:	····	

## 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
MGR	Shanker Thummala	8800 Pine Forest Road #3206	Add
		Pensacola, FL 32534	■ Remove
		· 	☐ Change
			□ Add
		· · · · · · · · · · · · · · · · · · ·	□ Remove
			☐ Change
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	•		□ Remove
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Effective date, if other than the da	ite of filing:		(option	al)
Effective date, if other than the date from the date from the date must be Note:  If the date inserted in this block.	specific and cannot be	prior to date of filing or more	than 90 days after fil	ing.) Pursuant to 605.020
document's effective date on the Depa			equirements, this di	ate will not be fisted t
ne record specifies a delayed e		not an effective tim	ne, at 12:01 a.n	n. on the earlier (
The 90th day after the record	i is filed.			
June 6	2015			
Dated	,	<u> </u>		ASS IS
	J·6.	ASIZO		CRETA I
Sie	mature of a member or	authorized representative of	a member	ARY OF S
	,	•		SSEE.

Page 3 of 3

Filing Fee: \$25.00