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COVER LETTER

TO: Registration Se Division of Cor	ction porations		
Bangla Baz			
SUBJECT:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Mohammed Haque		
		Name of Person	
		Firm/Company	
	2036 Ipsden Dr.		
		Address	
	Orlando, FL 32837		
		City/State and Zip Code	
	E-mail address: (to be used for future annual report notifi-	cation)
For further information c	oncerning this matter, please ca	all:	
Mohammed Haque		407 856-5870 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

Bangla Bazaar LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ility Company as it now appears on our records.) da Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 09/15/2014 and assign	ned
Florida document number L14000143900		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	mited liability company here:	
The new name must be distinguishable and contain the words "Lim	mited Liability Company," the designation "LLC" or the abbreviation "L.L.C	2."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	DRESS)	
	ELAH.	f.,
Enter new mailing address, if applicable:	The state of the s	⊈ ≅*
(Mailing address MAY BE A POST OFFICE BOX)		
	Eq. A. f.	
	istered office address on our records, enterthe name of	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		the ney
		•
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Mahbub, Ali, Jr	1211 South Gilmer Ave, Lanett, AI	□ Add
			Remove
			Change
MGR	Mohammed, Tapadar A, Jr	2500 Promberry Dr. Montgomery,	Add
			Remove
			Change
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Effective date, if other tha	n the date of filin	ı c '		(option	ıal)	
Iffective date, if other that fan effective date is listed, the date inserted in document's effective date on	ate must be specific and this block does not t	d cannot be prior to meet the applicab	date of filing or more the statutory filing rec	ıan 90 days after fi	ling.) Pursuant to	605.0207 listed as
e record specifies a de The 90th day after th	layed effective of record is filed.	date, but not	an effective time	e, at 12:01 a.	m. on the ea	arlier o
23rd August Dated		2016				
		. 7	- ·			

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Typed or printed name of signee

Filing Fee: \$25.00