Division of		300	Page 1 of 2			
	Florida Department of State Division of Corporations Electronic Filing Cover Sheet					
ľ	Note: Please print this page and use it as a cover sheet. Type number (shown below) on the top and bottom of all pages of the	the fax auc e documen	lit t.			
	(((H15000127306 3)))					
	H150001273083ABCZ Note: DO NOT hit the REFRESH/RELOAD button on your brow page. Doing so will generate another cover sheet.	vser from t	his			
r	To: Division of Corporations Fax Number : (850)617-6383					
	From: Account Name : CORP USA Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696					
**En	ter the email address for this business entity to be annual report mailings. Enter only one email address Email Address:					
RECEIVED 15 May 27 PM 4: 34	LIC AMND/RESTATE/CORRECT OR M/MG R THREE SISTERS FOOD STORE LLC Certificate of Status 0 Certified Copy 0 Page Count 04 Estimated Charge \$25.00	ESIGN	FILED SECRETARY OF STATE INVISION OF CORPORATIONS 15 MAY 27 AM 10: 10 SECRETARY OF STATE			
Ele	ctronic Filing Menu Corporate Filing Menu	Help	WAY 2 8 2015 8 MASON			
https://efile.	sunbiz.org/scripts/efilcovr.exe		5/27/2015			

.

9695212012 12:50 3028333888

- ***** *		*			
	Ť	AMENDMENT O PRGANIZATION	H <i>ISO</i> OOI	Z730	<b>2</b> 6,
THREE SISTERS FOOD STORE L			Anda		
(Hame of the Landie	A Florida Limited I	ny na it now annears on our rac Jability Company)			
The Articles of Organization for this Limited Lis Florida document number <u>L15000016208</u>	bility Company	were filed on <u>01/27/2015</u>	är	nd assigned	I
This amendment is submitted to amend the follo	wing:				
A. If amending name, <u>enter the new name of</u>			LC" or the abbreviati	on "L.L.C."	
Prise was used affine address if eaction	hlar	410 N. FEDERAL HWY B	AY #D		
Enter new principal offices address, if applicable: ( <u>Principal office address MUST BE A STREET ADDRESS)</u>		HALLANDALE, FL 3300	9		
Enter new mailing address, if applicable:		410 N. FEDERAL HWY B	AY#D		
Mailing address MAY BE A POST OFFICE I	HALLANDALE, FL 33009	)	· ·	·	
	_		·····		
B. If amonding the registered agent and/o registered agent and/or the new registered of			rds, <u>enter the n</u>	ame of th	OR OR
			H		
Name of New Registered Agent:	EMAN GR AL	HAJ QASEM		<u>z</u>	
New Registered Office Address:	410 N. FEDER	AL HWY BAY # D Enter Florida street ad			<u> </u>
	****		- LL	0: 1	RAN AT
	HALLANDAL	E, City	Florida 33009	Code	
		City	c-p		- 7 -

## 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 505, 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

and the second second

Page 1 of 3

H 15000127306

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>	Name	Address	Type of Action
MGR	MAN GR ALHAG QASEM E	410 N FEDERAL HWY BAY #F	🖸 Add
		HALLANDALE, FL 33009	I Remove
		· · · · · · · · · · · · · · · · · · ·	D Change
MGR	EMAN GR ALHAJ QASEM	410 N. FEDERAL HWY BAY # D	<b>=</b> Add
		HALLANDALE, FL 33009	Remove
			Change
<b></b> •			Add
			D Remove
			D Change
, 			D Add
			Remove
			Change
<b></b>			D Add
	<b>--</b>		D Remove D Remove D SECRETARY OF STATE D SECRETARY OF CONTRATIONS Change D SECRETARY OF STATE Change
			-

D. If amending any other information, enter change(s) here:	(Attach additional sheets, if necessary.)	Н	15000 127306
---	---	---	--------------

-----

	- <b></b>					
		<u></u>				
•						
			- <u> </u>			
		····		<b></b>		
. المنامى				<u> </u>		
	<u></u>					
			<u></u>	<u></u>		
	<b></b>		<u></u>			
<b></b>						
	·····					
<u></u>					······································	
· <u> </u>						<b></b>
E. Effective	date, if other than	the date of fili	ng:		(optional)	· e
(If an effecti	ve date is listed, the date	must be specific a	nd cannot be prior to date	of filing or more than tatutory filing requir	90 days after filing.) Pursuañ coments, this date will not	t in 605.0207 (3)(5)
document	's effective date on th	he Department of	State's records.	Mano 1) 2020 B 144-02	22	
If the recor	d specifies a dela	yed effective	date, but not an	effective time, a	it 12:01 a.m. on the	earlier of:
(o) ine ar	Oth day after the	record is nied			л С	
Dated	ry 27		2015		30 0	
Dated		7	- 1		E.,	SIMLE ORATION
		$(\Lambda)$				7
		Signature of	a member or suthorized	representative of a me	mber	
	Eman Gr Alhaj Qas					
			Typed of printed nam	e of signes		
			Page 3 of	[3	11.4.4.4	
			_		H 15000 IZ	7306
			Filing Fee: §	645.00		

COKP USA

. . . .

•

1

- *:*