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# **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	DHIREN SOLANKI Name of Person	
	1 ac For Dalage 110	
	A&G FOODMART, LLC Firm/Company	
	5515 110Th AVENUE, APT 2003  Address	
	PINELLAS PARK, FLORIDA 3378Z  City/State and Zip Code  DS Ø 411 Ø GMAIL, COM  E-mail address: (to be used for future annual report notification)	
	DSØ411B)GMAIL.COM	
For fur	ther information concerning this matter, please call:	
D	HIREN SOLANKI at (908) 930-9168  Name of Person Area Code Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
□ <b>\$</b> 2:	5.00 Filing Fee \$\bigs\\$30.00 Filing Fee & \Bigs\\$55.00 Filing Fee & \Bigs\\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

A&G FOODMART, LLC

(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>CC 34414129</u> 47.  This amendment is submitted to amend the following:	were filed on APRIL 27, 2016 and assigned
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi	
Enter new principal offices address, if applicable:	306) 14 AVE. N.
(Principal office address MUST BE A STREET ADDRESS)	3061 1st Ave. N. Saint petersburg, FL. 33713
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
*.	
· ·	₹ <b>0</b> 7 <b>1</b> 3
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, enter the name of the new

## New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Enter Florida street address

Florida

Zip Code

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 = Mar AMBR = Aut	nager thorized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	KIRTI SOLANKI	5515 110 THAVENUE, APTE	4203 Add .
		PINELLAS PARK, FL. 337E	32□ Remove
			Change
AMBR	DHIREN SOLANKI	38 DEGRASSE STRE	<b>Z</b> □ Add
		FORD, NJ 08863	Remove
		* 72	☐ Change
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Filing Fee: \$25.00