L17000057 917

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(Do	cument Number)	
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COVER LETTER

TO: Registration S Division of Co			
SUBJECT: N	AHAR FOOD Name of Lim	MART LL ited Liability Company	<u></u>
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Jasme	Name of Person	
	NAHARI	Firm/Company	-LC
	5500 47	th Awny, N	<u>OAM</u>
	cenneth c	City/State and Zip Code	7
	E-mail address: (to be used for future annual report notif	ication)
For further information	concerning this matter, please c	alt:	
Name	of Person	at ()	Telephone Number
Enclosed is a check for	the 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)
MAII	LING ADDRESS:	STREET/COURII	ER ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NAHAK FOOD MA	IRT LLC
(Name of the Limited Liability Com (A Florida Limited	pany as it now appears on our records.) d Liability Company)
The Articles of Organization for this Limited Liability Compan Florida document number <u>L17-00057-91.</u>	by were filed on $3 - 13 - 17$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	ability company here:
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<u></u>
Enter new mailing address, if applicable:	ISEP - 3
(Mailing address MAY BE A POST OFFICE BOX)	SS: 32 II
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he	office address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
.	, Florida

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, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	JASMEN ALAM	5500 47th Avenuch	_D Add
		Kenneth city FL 33709	□ Remove
			Change
AMBR	IFFAT A. ALAM	5500 47+ AVENUEN	_b Add
		Kehneth City FL 33700	□ Remove
			Change
AMBR	ASHNAI ALAM	5500 47th AVEN	
		Kenneth City FL 33709	_NRemove
			_□ Change
			_□ Add
			_□ Remove
			_□ Change
			_□ Add
			_□ Remove
		-	_ Change
			_□ Add
			_□ Remove
			_□ Change

_	
	
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_	
Effective	e date, if other than the date of filing:
<u>Note:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a at seffective date on the Department of State's records.
e reco The 9	rd specifies a delayed effective date, but not an effective time, at $12:01~a.m.$ on the earlier could be day after the record is filed.
Dated _	AUGUST 30/2019.
	Jamus Jamus Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00