

L17000 057 917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

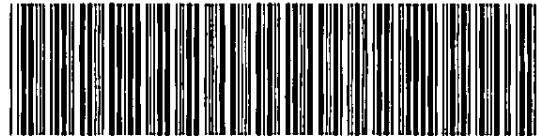
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700333640617

08/04/18--01002--000 **50.00

RECEIVED

SEP 03 2019

FILED
2019 SEP -3 PM 3:59
SECRETARY OF THE
TALLAHASSEE, FL

SEP 13 2019

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAHAR FOOD MART LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jasmen Alam

Name of Person

NAHAR FOOD MART LLC

Firm/Company

5500 47th AVENUE NORTH

Address

Kenneth City FL 33709

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person at (_____) _____
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

NAHAR FOOD MART LLC

Page 1 of 3

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	JASMEN ALAM	5500 47 th AVENUE N	<input checked="" type="checkbox"/> Add
		Kenneth City FL 33709	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IFFAT A. ALAM	5500 47 th AVENUE N	<input checked="" type="checkbox"/> Add
		Kenneth City FL 33709	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ASHINA I. ALAM	5500 47 th AVE N	<input type="checkbox"/> Add
		Kenneth City FL 33709	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated August 30, 2019

Jasmeh Aram

Filing Fee: \$25.00