

217000105694

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUN - 9 AM 26 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 12 2017

V. S. K. R.



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 30, 2017

BASSAM ALSALEH
4815 E BUSH BLVD #213
TAMPA, FL 33617

SUBJECT: DELI PLUS SUPERMARKET, LLC.
Ref. Number: L17000105694

We have received your document for DELI PLUS SUPERMARKET, LLC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker
Regulatory Specialist II

Letter Number: 117A00010812

RF DEIV
2017 JUN -9 PM 12:58
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DELI PLUS SUPERMARKET, 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:

BASSAM ALSALEH
Name of Person

ACCOUNTING & MORE OF TAMPA
Firm/Company

4815 E. BUSCH BLVD.
Address

TAMPA, FL. 33617
City/State and Zip Code

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

For further information concerning this matter, please call:

BASSAM ALSALEH at (813) 760 7658
Name of Person Area Code Daytime 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)

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**

DELI PLUS SUPERMARKET, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on _____ and assigned
Florida document number L17000105694

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability 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)

4820 E. BUSCH BLVD.
TAMPA, FL. 33617

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the same of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

4820 E. BUSCH BLVD.

Enter Florida street address

TAMPA

City

Florida

33617

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> | <u>Address</u> | <u>Type of Action</u> |
|--------------|----------------|---------------------|--|
| MGR | ISI PARTY FOUR | 4820 E. BUSCH BLVD. | <input type="checkbox"/> Add |
| | | TAMPA, FL. 33617 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| MGR | PEDRO CAMACHO | 4820 E. BUSCH BLVD. | <input type="checkbox"/> Add |
| | | TAMPA, FL. 33617 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
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TALLAHASSEE, FLORIDA

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

PLEASE CHANGE THE ADDRESS TO

4820 E. BUSCH BLVD.

TAMPA, FL. 33617

FROM

4810 E. Busch Blvd.

TAMPA, FL. 33617

17 JUN 18 AM 10:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

E. Effective date, if other than the date of filing: 5/12/17 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

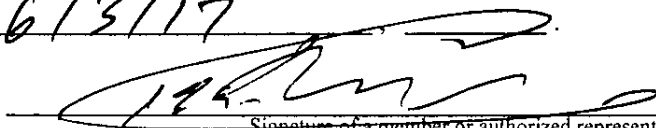
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

6/3/17



Signature of a member or authorized representative of a member

ISI FORTY FOUR

Typed or printed name of signee