118000082314

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05/29/18--01013--011 **25.00

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ		FRICA, LLC		
зова	JEC1	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	e return all correspo	ondence concerning this matter	to the following:	
		SISSE FERGUSON		
			Name of Person	
		MAMA AFRICA, LLC C	O ISHAL & TAHMID FOOD STO	RE INC.
٠.			Firm/Company	
		901 W BUSCH BLVD		
••			Address	
		TAMPA, FL 33612		
			City/State and Zip Code	
		SISSE@FINANCIALAND		
		E-mail address: (to be used for future annual report notif	ication)
For fi	arther information c	oncerning this matter, please c	all:	
SISS	E FERGUSON		813 442 9667	
Name of Person Area Code Daytime Telephone Number				
Enclo	sed is a check for the	he following amount:		
■ \$:	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

MAMA AFRICA, 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 L18000082314	were filed on 04/02/2018 and assigned			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
AFRICAN CUISINE, LLC				
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	MAMA AFRICA, LLC			
(Principal office address MUST BE A STREET ADDRESS)	C/O ISHAL & TAHMID FOOD STORE INC.			
901 W BUSCH BLVD, TAMPA, FL 33612				
••				
Enter new mailing address, if applicable:	MAMA AFRICA, LLC			
(Mailing address MAY BE A POST OFFICE BOX)	C/O ISHAL & TAHMID FOOD STORE INC.			
	901 W BUSCH BLVD, TAMPA, FL 33612			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here. Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	Enici Fiorida Sireci adaress			
 	, Florida City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:	City Sup Cour			
I hereby accept the appointment as registered agent and agraphysisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

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>	Address	Type of Action
MGR	VERONICA DIKE	10910 N 30TH STREET,	□ Add
		TAMPA, FL 33612	■ Remove
		 	☐ Change
			Add
			Remove
			☐ Change
			□ Add
			Remove
			巨 Change
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ffective date, if other tha an effective date is listed, the date	n the date of filing te must be specific and	g;d cannot be prior to	date of filing or more	than 90 days after	ional) er filing.) Pursu	iant to 605.0201
Note: If the date inserted in to locument's effective date on	his block does not r	neet the applicab				
ocument's effective date off	the Department of 2	state s records.				
e record specifies a del			an effective tim	ne, at 12:01	a.m. on th	ie earlier o
The 90th day after the	record is filed.					
05/24 Dated		2018				
vated	2	·	. •			
/_	-					

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Typed or printed name of signee

Filing Fee: \$25.00