

L180000 93039

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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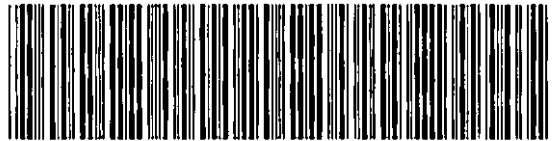
(Business Entity Name)

(Document Number)

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FEB 14 2019

FILED
2019 FEB -7 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RIVERSIDE EXPRESS SEAFOOD MARKET 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:

SALAH ANTAR

Name of Person

RIVERSIDE EXPRESS SEAFOOD MARKET LLC

Firm/Company

10701 N. WOODMERE RD

Address

TAMPA FL 33617

City/State and Zip Code

abdullahantarx3@gmail.com

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

For further information concerning this matter, please call:

ABDULLAH ANTAR

813 9566650
at ()

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**

RIVERSIDE EXPRESS SEAFOOD MARKET LLC

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

FILED
2019 FEB -7 PM 3:33

TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 04/12/2018 and assigned
Florida document number L18000093039.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10701 N. WOODMERE RD TAMPA FL 33617

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

Name of New Registered Agent:

SALAH ANTAR

New Registered Office Address:

130 E MEMORIAL BLVD

Enter Florida street address

LAKELAND

City

, Florida 33801

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	SALAH ANTAR	130 E MEMORIAL BLVD	<input type="checkbox"/> Add
		LAKELAND FL 33801	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ABDULLAH ANTAR	130 E MEMORIAL BLVD	<input checked="" type="checkbox"/> Add
		LAKELAND FL 33801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ABDULHALEEM IBRAHIM	130 E MEMORIAL BLVD	<input type="checkbox"/> Add
		LAKELAND FL 33801	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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(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)

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 02/04/2019, _____

Signature of a member or authorized representative of a member

SALAH ANTAR

Typed or printed name of signee