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COVER LETTER

	gistration Sec vision of Corp				
SUBJECT	Sunset Food	Store, LLC			
SUBJEA, I	•	Name of Lin	ited Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspor	ndence concerning this matter	to the following:		
		Mohammad Usman			
			Name of Person		
		11214 NW 72 Place	Firm/Company		
		Parkland, FL 33076	Address		
		usman59@msn.com	City/State and Zip Code	-···	
		E-mail address: (to be used for future annual report n	otification)	
For further	information co	ncerning this matter, please ca	all:		
Mohammac	i Usman		954 608-2836		
	Name of	Person	954 608-2836 at () Area Code Days	nne Tele ste a con-	
Enclosed is	a check for the	e following amount:			
\$25.00	Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \	٠,٥

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

STREET/COURIER ADDRESS

Registration Section Division of Corporations Clifton Beilding 2661 Executive Center Co. Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sunset Food Store LLC

(Name of the	Limited	Liability	Company	as it	nov	appears	OHOUT
`	/ A	Florida	in the classical states	hil i	(1.13.	

The Articles of Organization for this Limited Liability Compa Florida document number $\frac{L18000197922}{L18000197922}$	my were filed on 08/17/2018	ind assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here.	
The new name must be distinguishable and contain the words "Limited Lis	ability Company," the designation [14] [15] about	on Tax
Enter new principal offices address, if applicable:		18 DIV
(Principal office address MUST BE A STREET ADDRESS)		S OCT
		<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		2: 08
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Floriat, street	
· -	City	cot'
New Registered Agent's Signature, if changing Registered Age	<u>nt:</u>	
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent a being filed to merely reflect a change in the registered offi company has been notified in writing of this change.	ete performance of my dution in the asset of a provided for in Chapter (1)	ger in with aid

If amending Authorized Person(s) authorized to manage, enter the title, name, and addres of person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	.vpe of Action
ambr	Mohammad Usman	11214 NW 72 Place, Parkland FL 33076	
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D. If amending any o	other information, enter change(s) here: (Attach additional sheets.	
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		SECHLI VISION I
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		PH12: 08
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E. Effective date, if of (If an effective date is lien). Note: If the date in:	other than the date of filing:	.: to 605 € 007 (3)(b e . s the
	re date on the Department of State's records.	V . S IIIC
	ies a delayed effective date, but not an effective time, at 1200 after the record is filed.	in silenor:
09/01/2018 Dated	2018	
	Signature of a member or authorized representative of a membe	
Mohamn	nad Usman	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00