## 48000201705

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DIVISION OF CORFORATION

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## COVER LETTER . . . .

TO: , Registration S Division of Co	ection rporations	•	
SALAM B	AKERY, LLC		
AUBJECT.	. Name of Lim	ited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are sub	mitted for filing.	
	ondence concerning this matter	to the following:	
•	Tracy D. Frank	Name of Person  North  Address  211  City/State and Zip Code  Isouth.net  ess: (to be used for future annual report notification)  ase call: at (	
	DirecTax Services Inc	Name of Person	
	21-3 Arlington Road Nor	, ,	
	Jacksonville, FL 32211	Address	
	directtaxservice@bellsou		<del></del>
		·	leation)
For further information (	concerning this matter, please ca	all:	
Tracy D. Frank	of Person	at ( )	: Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate of Status & Certified Copy

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**

Salam Bakery, LLC			
( <u>Name of the Limite</u> (	d Liability Company as it now appea A Florida Limited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Lia	ability Company were filed on _	08/22/18	and assigned
Florida document number L18000201705	·		•
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and contain the wo	ords "Limited Liability Company," the	designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	T ADDRESS)		<b></b>
			AUG
			3 955 0 955 0 955
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE B	<u> </u>	· · · · · · · · · · · · · · · · · · ·	m e
			<u> </u>
			٠, ١٠
B. If amending the registered agent and/o registered agent and/or the new registered off		n our records, <u>en</u>	ter the name of the
registered agent and/or the new registered off	ice address here:		
Name of New Registered Agent:			<b>1</b>
New Registered Office Address:			
	Enter Flo	rida street address	<del>-,</del> .
		, Florida	

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, <u>enter the title</u>, <u>name</u>, <u>and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	MAJID, ALAM	8616 DANDY AVE	
		JACKSONVILLE, FL 32207	■ Remove
		7.24	□ Change
MGRM	MAJID, SALAM	8616 DANDY AVE	Add
		JACKSONVILLE, FL 32207	□ Remove
			☐ Change
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			Add
			Remove
			Change

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Signature of a member or authorized representative of a member	The	90th day after the record is filed.		
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Filing Fee: \$25.00