## L19000073263

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## **COVER LETTER**

Division of Cor	rporations	•		
AKP Food	Mart, LLC		•	
SUBJECT:	Name of Limited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Kaushal Patel			
		Name of Person		
		Firm/Company		
	3551 Plowshare Rd			
		Address		
	Tallahassee, FL 32309			
		City/State and Zip Code		
		to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Kaushal Patel		850 228-7885		
Name o	of Person	at () Area Code Daytime	: Telephone Number	
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Addres		<u>Street Address:</u> Registration Sec	stion	
Division of C		Division of Cor		

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

TO:

Registration Section

Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

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AKP Food Mart, LLC

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

(A Florida Limited Liability Company)

(it i Milat i i i i i i i i i i i i i i i i i i i	naomy company)	
The Articles of Organization for this Limited Liability Company Florida document number L19000073263	were filed on March 22, 2019	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:	
The new name must be distinguishable and contain the words "Limited Liabil	lity 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)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:  Name of New Registered Agent:	uddress on our records, <u>enter t</u>	he name of the new registered
New Registered Office Address:		
	Enter Florida street address	
	,, Flor	rida
<del></del> -	City	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 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 110 27 117 7: 12	Type of Action
MGR	Aditi Sakaria	3551 Płowshare Rd	🗆 Add
		Tallahassee, FL 32309	Remove
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<b>.</b>	September 15, 2020
Hective	date, if other than the date of filing:  September 15, 2020 (optional)  ve 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 (
<u>iote:</u> If	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the
ocument	's effective date on the Department of State's records.
record s	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
d is filed.	
	/***
ated	9-21 2020 K. K. Pates
	<u> </u>
	K. K. Pates
	Signature of a member or authorized representative of a member
	Kaushal Patel
	Typed or printed name of signee

Filing Fee: \$25.00