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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 10/17/2024

NAME: 5 STAR FOOD MARKET, LLC

TYPE OF FILING: AMENDMENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 STAR FOOF MARKET, LLC	
(Name of the Limited Liability Company (A Florida Limited Lia	y as it now appears on our records.) ability Company)
he Articles of Organization for this Limited Liability Company w	were filed on $\frac{10/22/2019}{}$ and assigned
lorida document number L19000265218	
-	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the limited liabili	ity company here:
	
he new name must be distinguishable and contain the words "Limited Liability	v Company," the designation "LLC" or the abbreviation "L.L.C."
	,,
inter new principal offices address, if applicable:	2
Principal office address MUST BE A STREET ADDRESS)	. (1)
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inter new mailing address, if applicable:	——————————————————————————————————————
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Mailing address MAY BE A POST OFFICE BOX)	
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3. If amending the registered agent and/or registered office adgent and/or the new registered office address here:	idress on our records, enter the name of the new registe
gent and/or the new registered office address neve.	
Name of Name Bandstared Agants SONIA HAQUE	
Name of New Registered Agent: SONIA HAQUE	
New Registered Office Address:	
	Enter Florida street address
	, Florida

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, 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
MGR	ZAMAN, KAMRUZ		□Add
			■Remove
			□ Change
MGR	HAQUE, SONIA	598 NW 15TH ST	≣Add
		POMPANO BEACH, FL. 3306.0	_
			□Change
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ective date, if other to effective date is listed, the te: If the date inserted cument's effective date	in this block does no	of meet the applica	able statutory filing	(option ore than 90 days after the grequirements, this	nal) filing.) Pursuant to 605.0207 date will not be listed as
	Leffective date, but r	not an effective ti	me, at 12:01 a.m. e	on the earlier of: (b)	The 90th day after the
s filed.		2024			
s filed.	in Gr	2024			
	Signature of	2024 a member or author		of a member	

Filing Fee: \$25.00