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COVER LETTER

SUBJECT: Almi	aik mark	let LC	
		nited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	omitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	AYAM	K. Khalid Name of Person	·
		Firm/Company	
	4120 P	afente Loop Address)
	luestey	Chapel, FL 3 City/Slate and Zip Code	3543
	E-mail address:	(to be used for future annual report not	ification)
For further information con-	cerning this matter, please of	eali:	
Kristina Name of Po	Abouel 50 erson	ud at (813) 310-2 Area Code Daytin	POIO ne Telephone Number
Enclosed is a check for the	-	•	
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Second Division of Cor		Street Address: Registration Se Division of Co	

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

Registration Section

Division of Corporations

TO:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Almalik ma	rket uc
(A Florida I	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number	mpany were filed on OVEMDER 15,201 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
Zamzam Market, LLC	•
The new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
	\$20 \$20
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	office address on our records, <u>enter the name of the new regist</u>
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address
	, Florida
	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 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 an ending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being ador removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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			□Remove
			□Change
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fective date, if other than the date of filing:	(optional)	
n effective date is listed, the date must be specific and cannot be prior to date of filinate: If the date inserted in this block does not meet the applicable statutor		
cument's effective date on the Department of State's records.	.,	
ecord specifies a delayed effective date, but not an effective time, at 12:01 is filed.	1 a.m. on the earlier of: (b) The 90	th day after
red March 16, 5020.		
Signature of a member or authorized represe	entative of a mumber	