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| (R | equestor's Name) | |
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| (C | ity/State/Zip/Phone #) | |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Name) | |
| (D | ocument Number) | |
| Certified Copies | Certificates of | Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration So Division of Con | | • | |
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| MARCO E | SLAND FOOD STORES LLC | | |
| SUBJECT: | Name of Lin | nited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | bmitted for filing. | |
| Please return all correspo | ondence concerning this matter | r to the following: | |
| | MD SHAR FARAJ | | |
| | | Name of Person | Daytime Telephone Number See & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) Set Address: Sistration Section Section of Corporations |
| | | Firm/Company | |
| | 10115 NORTH SILVER F | | |
| | | Address | |
| | ESTERO FLORIDA 3392 | 28 | |
| | | City/State and Zip Code | |
| | RAJFLORIDA2013@GM/ | AIL.COM (to be used for future annual report notification) | |
| For further information of | concerning this matter, please e | · | |
| MD SHAR FARAJ | | | |
| Name o | t Person | Area Code Daytime Telephone Number | _ |
| Enclosed is a check for the | he following amount: | | |
| ■ \$25.00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy Certificate of Stadditional copy is enclosed) Certified Copy | Status & y |
| Mailing Address Registration | | Street Address: Registration Section | |
| Division of C | | Division of Corporations | |
| P.O. Box 632 | 27 | The Centre of Tallahassee | |
| Tallahassee, | FL 32314 | 2415 N. Monroe Street, Suite 810 | |

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MARCO ISLAND FOOD STORE LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 01/27/2020 and assigned Florida document number [L20000032841 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: S (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 Changing Registered Agent, Signature of New Registered Agent

_, Florida _

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 | Type of Action |
|--------------|------------------|-------------------------------|----------------|
| MGR | MD FARAJ RASHEED | 10115 NORTH SILVER PALM DRIVE | □Add |
| | | ESTERO FLORIDA 33928 | ■Remove |
| | | | □Change |
| MGR | MD SHAR FARAJ | 10115 NORTH SILVER PALM DRIVE | = Add |
| | | ESTERO FLORIDA 33928 | □Remove |
| | | | |
| | _ | | □Add |
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| Effective date, if other th | han the date of filings | | (Alim mall) | |
| If an effective date is listed, the Note: If the date inserted i | date must be specific and cannot be in this block does not meet the apon the Department of State's reco | oplicable statutory filing re | (optional) than 90 days after filing.) Pursuant quirements, this date will not b | to 605.0207 (be listed as t |
| e record specifies a delayed rd is filed. | effective date, but not an effecti | ve time, at 12:01 a.m. on t | he earlier of: (b) The 90th day | y after the |
| MARCH 17 | 2020 | | | |
| | · // . | · | | |

Filing Fee: \$25.00

Typed or printed name of signee