12000000 33967

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COVER LETTER

	gistration Se vision of Cor			
SUBJECT:	Shopping M			
SUBJECT.			ited Liability Company	
The enclose	d Articles of	Amendment and fec(s) are sub-	mitted for filing.	
Please retur	n all correspo	ndence concerning this matter	to the following:	
		Muhmmad F Talib		
			Name of Person	
		Shopping Mart LLC		
			Firm/Company	
		17921 Tropical Cove Dr		
			Address	·
		Tampa FL, 33647		
			City/State and Zip Code	
		fayyaz.talib@hotmail.com		
			o be used for future annual report notific	ation)
For further	information co	oncerning this matter, please ca	all:	
Muhammad	i F Talib		847 708 1771 at ()	
Name of Person		Person		l'elephone Number
Enclosed is	a check for th	e following amount:		
□ \$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	ailing Addres egistration S		Street Address: Registration Sect	ion

TO:

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Shopping Mart LLC	hility Company of it now appears on our records	
(A Fig.	sbility Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liabilit lorida document number <u>L20000033967</u>	y Company were filed on 01/28/2020	and assigned
his amendment is submitted to amend the following	<u></u>	
. If amending name, enter the new name of the	limited liability company here:	
		S 28
he new name must be distinguishable and contain the words "	Limited Liability Company," the designation "LLC" or	
nter new principal offices address, if applicable:		HAR TO
Principal office address MUST BE A STREET AL	ODRESS)	Di - T
		SE. P
		ည်း မြ
nter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)	
		
. If amending the registered agent and/or registe	ered office address on our records, enter the	name of the new regis
gent and/or the new registered office address her		
Name of New Registered Agent:		
New Pagintared Office Address		
New Registered Office Address:	Enter Florida street address	
	r:	•_
	, Florid	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 Changing Registered Agent, Signature of New Registered Agent

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
Ambo	Muhammad F Talib	17921 Tropical Cove Dr. Tampa FL, 33647	🗃 Add
			□Remove
			©Change
			□Add
			□Remove
			Change
			□Add
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			Remove
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		-	🗀 Add
			□ Remove
			□ Change

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	Note: The only purpose of filing this amendment is to add the Authorized Person to manage the LLC
	· · · · · · · · · · · · · · · · · · ·
	<u>-</u>
(If an ci Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	03/07/2020.
	03/07/2020. Mulamm Earl X Signature of a member or authorized representative of a member
	Muhammad F Talib
	Typed or printed name of signee