Lz0.000012392

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Siling Officer
Special Instructions to Filing Officer:
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Office Use Only



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COVER LETTER

TO: Registration So Division of Cor		
	al Food Market LLC	
SUBJECT:	Name of Lin	nited Liability Company
The enclosed Articles of	Amendment and fee(s) are sub-	omitted for filing.
Please return all correspo	ondence concerning this matter	to the following:
	Sanober Khan	
		Name of Person
	International Food Market	LLC
		Firm/Company
	977 North Goldenrod Rd	
		Address
	Orlando, FL 32807	
	•••	City/State and Zip Code
	ifmorlando786@gmail.com	to be used for future annual report notification)
Proceedings of the country of		
	oncerning this matter, please c	
Mohammed S Khan		407 371-8859
Name o	f Person	at (407 371-8859 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	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee. ☐ \$60.0
<u>Mailing Addres</u> Registration		Street Address: Registration Section
Division of C	Corporations	Division of Corporations
P.O. Box 632 Tallahassee,		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

International Food Market LLC			
(Name of the Lim	nited Liability Company (A Florida Limited Lia	as it now appears on our reco bility Company)	ords.)
The Articles of Organization for this Limited Florida document number £1200000062392	Liability Company w	ere filed on	and assigned
This amendment is submitted to amend the following	llowing:		
A. If amending name, enter the new name	of the limited liabili	ty company here:	
The new name must be distinguishable and contain the	words "Limited Liability	Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	icable:		
(Principal office address MUST BE A STRE	<u>ET ADDRESS)</u>		
		<u> </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	E BOX)		
B. If amending the registered agent and/or agent and/or the new registered office addr Name of New Registered Agent:			er the name of the new registered
New Registered Office Address:	977 North Goldenrod Rd		
		Enter Florida street add	ress T
	Orlando	<u> </u>	Florida 32807 5 -5 Zip Code -5
		City	Zip Code
New Registered Agent's Signature, if changing	Registered Agent:		
I hereby accept the appointment as register provisions of all statutes relative to the pro- accept the obligations of my position as reg	per and complete p	erformance of my duties,	and I am familiar with and

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>	<u>Address</u>	Type of Action
AMBR	Sanober Khan	1137 CROSSTOWN WAY	□Add
		Apt 4104	= Remove
		Orlando, FL 32807	
			□Change
			□Add
			□Remove
			□Change
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			□Add
			□Remove
			□ Change

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tive date, if other than the date of filing: Tective date is listed, the date must be specific and cannot be prior to date of filing or more than If the date inserted in this block does not meet the applicable statutory filing requirement of State's records		700	
give date, if other than the date of filing:	(option	-	
fective date is listed, the date must be specific and cannot be prior to date of filing or more than. If the date inserted in this block does not meet the applicable statutory filing requir	90 days after fi	ling.) Pürsuant date will not l	ਸੂਲੇ 605.0207 bedisted as
nent's effective date on the Department of State's records.		173 173 174	75 12
		•	တ္ခ
rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the eiled.	earlier of: (b)	The 90th da	ny affer the
October 7. 2024			
Signature of a member or authorized representative of a member of a member of authorized representative of a member of a membe	mber		

Filing Fee: \$25.00