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(Re	questor's Name)	
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2020 MAY || PH |: 54 SECRETARY OF STA



COVER LETTER

	Registration Se Division of Cor				
eup uc		RIDA ENTERPRISE LLC			
SUBJEC	,I: <u> </u>	Name of Lim	ited Liability Company		
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please re	turn all correspo	ondence concerning this matter	to the following:		
		SYED MEHDI HASSAN	YAR		
			Name of Person		
		NOVA PHARMACY			
			Firm/Company	<u> </u>	
	5802 N ARMENIA AVE, STORE #1				
			Address	-	
		TAMPA, FL 33603			
			City/State and Zip Code		
		NOVAPHARAMCY2020@			
r 2 4			to be used for future annual re	port notification)	
For furth	er information co	oncerning this matter, please ca	ill:		
SYED HASSANYAR		813 3128 at ()	3522		
	Name of	f Person		Daytime Telephone Number	
Enclosed	is a check for th	ne following amount:			
\$25.0	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	e of Status &
	Registra Divisio P.O. Bo	ING ADDRESS: ation Section n of Corporations ox 6327 ssee, FL 32314	Registratio Division of Clifton Bui	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION FILED OF

2020 MAY 11 PM 1:54

S&J FLORIDA ENTERPRISE LLC

SECRETARY OF STATE

(Name of the Limited Liability Company as it now appears on our records) SI. [... F [. (1]-1]-(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company	were filed on 04/10/2020	and assigned
Florida document number L20000100840		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	oility company here:	
GOYA MEHDI ENTERPRISE LLC		
The new name must be distinguishable and contain the words "Limited Liabi	ility Company," the designation "LLC" (or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5802 N ARMENIA AVE, STOR	KE #1
(Principal office address MUST BE A STREET ADDRESS)	TAMPA, FLORIDA 33603	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records.	enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
		rida
	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 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:

MCR = Manager
AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
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			☐ Remove
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			Add
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E. Effect	tive date, if other than the (date of filing:	(option: date of filing or more than 90 days after fili	al)
Note:	fective date is listed, the date must. If the date inserted in this bloment's effective date on the De	ck does not meet the applicable	date of filing or more than 90 days after fili le statutory filing requirements, this da	ng.) Pursuant to 605.0207 (3)(i ite will not be listed as the
	cord specifies a delayed e 90th day after the reco		an effective time, at 12:01 a.n	n. on the earlier of:
Dated	05/04/2020	SH		
		m -		
		Signature of a member or authorize	and consumption of a mumber	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00