

(Re	equestor's Name)	,
(Ac	idress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phon	ne #)
PICK-UP	WAIT	MAIL
(Bı	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
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COVER LETTER

TO:

	egistration Se ivision of Cor			
eun iect		OOD STORE LLC		
SUBJECT	;	Name of Lim	ited Liability Company	
The enclose	ed Articles of	Amendment and fec(s) are sub	omitted for filing.	
Please retu	m all correspo	ndence concerning this matter	to the following:	
		LUIS R. SMITH		
		-	Name of Person	
		TAXES USA LLC		
			Name of Limited Liability Company and fee(s) are submitted for filing. Ining this matter to the following: MITH Name of Person SA LLC Firm/Company LING RD # 4 Address OOD, FL 33021 City/State and Zip Code XESUSAMIAMI.COM E-mail address: (to be used for future annual report notification) matter, please call: at (
		OD STORE LLC Name of Limited Liability Company Amendment and fee(s) are submitted for filing. dence concerning this matter to the following: LUIS R. SMITH Name of Person TAXES USA LLC Firm/Company 5892 STIRLING RD # 4 Address HOLLYWOOD, FL 33021 City/State and Zip Code INFO@TAXESUSAMIAMI.COM E-mail address: (to be used for future annual report notification) necerning this matter, please call: 2 following amount: S30.00 Filing Fee & Certificate of Status		
			Name of Person Firm/Company O # 4 Address 33021 City/State and Zip Code MIAMI.COM dress: (to be used for future annual report notification) case call: at	
		HOLLYWOOD, FL 33021	1	
			City/State and Zip Code	
		-		
		E-mail address: ((to be used for future annual report notification)	
For further	information c	oncerning this matter, please c	all:	
LUIS R. S	мітн			
	Name o	f Person	Area Code Daytime Telephone N	Number
Enclosed is	a check for th	ne following amount:		
\$25.00	Filing Fee		Certified Copy Ce (additional copy is enclosed) Ce	ertificate of Status & ertified Copy
	ailing Addres			
	_	orporations	Division of Corporations	
	O. Box 632			
T	allahassee, l	L 32314	2415 N. Monroe Street, St	uite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	, Florida	Zip Code
	Enter Florida street address	m is
New Registered Office Address:	r . r	<u>F</u> ≥ 5
Name of New Registered Agent:		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		7 ARY
B. If amending the registered agent and/or registered	l office address on our records, enter the n	ame of the new redistered
		2022 SEC
(Mailing address MAY BE A POST OFFICE BOX)		
Enter new mailing address, if applicable:		
Trincipal office address most be restricted resolu-		
(Principal office address MUST BE A STREET ADDR.		
Enter new principal offices address, if applicable:		
The new name must be distinguishable and contain the words "Limi	ited Liability Company," the designation "LLC" or th	e abbreviation "L.L.C."
A. If amending name, enter the new name of the limit	ted liability company here:	
This amendment is submitted to amend the following:		
Florida document number L20000147123	<u>-</u> ·	
The Articles of Organization for this Limited Liability Co	ompany were filed on 05/29/2020	and assigned
(A Florida	Company as it now appears on our records.) Limited Liability Company)	
	y Company as it now appears on our records.)	
FRIEND FOOD STORE LLC (Name of the Limited Liability	v Company as it now appears on our records.)	

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>	Name	Address	Type of Action
MGR	MD SHAHIDUL ISLAM	3715 I4TH ST W LOT 317	
		BRADETON, FL 34205	≣Remove
			Change
MGR	SHAMIN AKTER	4044 NW 19TH STREET	\(\overline{\overli
		APT G 304	
		LAUDERHILL, FL 33313	□Change
		- <u> </u>	□Add
			□Remove
			□ Change
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ffective date, if other an effective date is listed, lote: If the date inserte ocument's effective da	d in this block does	not meet the applic	able statutory filing	g requirements, this o	nal) ling.) Pursuant to 605.0207 late will not be listed as
record specifies a delay is filed.	/ed effective date, b	ut not an effective ti	me, at 12:01 a.m. c	on the earlier of: (b)	The 90th day after the
NOVEMBER 04		2022	·		
V Silip	2 egy				
	Signature	e of a member or author	orized representative	of a member	_

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