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(Req	uestor's Name)	
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## **COVER LETTER**

Registration Section

Division of Corporations

TO:

	NE	VIL'S MART, LLC		
SUBJECT:	Name of Limi	ted Liability Company		
	nendment and fee(s) are subr			
Please return an correspond	ence concerning this matter t	o are tonowing.		
		DERYA CENBEROGLU		
		Name of Person		
		NEVIL'S MART, LLC	202	
		Firm/Company	2022 JUL 1	• -
		2908 S FLORIDA AVE	IL 29	:
		Address	F	•
		LAKELAND, FL 33803		1,
		City/State and Zip Code	<u>.</u>	
		@SUNSETACCOUNTING.NET		
	E-mail address: (	to be used for future annual report not	(fication)	
For further information con	cerning this matter, please ca	all:		
DERYA CENBEROGLU		973 809-5744 at ()		
Name of F	Person	Area Code Daytin	ne Telephone Number	
. Enclosed is a check for the	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 Statu Certified Copy (additional copy is encl	
Mailing Address: Registration Se Division of Co P.O. Box 6327 Tallahassee, F	ection rporations	Street Address: Registration Se Division of Co The Centre of 2415 N. Monre	rporations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEVIL'S	MART, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears bility Company)	on our records.)	<del></del>
The Articles of Organization for this Limited Liability Company w L20000189628	ere filed on	07/06/2020	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :	
N/A			
The new name must be distinguishable and contain the words "Limited Liability	Company," the des	signation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			2022
(Principal office address MUST BE A STREET ADDRESS)	<del></del>		2 2
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			AM 8 04
B. If amending the registered agent and/or registered office adagent and/or the new registered office address here:	ldress on our re	cords, <u>enter th</u> e	e name of the new register
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Enter Flori	da street address	
		. Flori	da
	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 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	<u>Address</u>	Type of Action
MGR	NECLA PEKSEN	4282 MORTON COURT	<b>=</b> Add
		LAKELAND, FL 33813	□Remove
			□ Change
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amending any other information, enter change(s) here: N/.		_		
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Tective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be prior  ote: If the date inserted in this block does not meet the applic  ocument's effective date on the Department of State's records.	able statutory tum;	(opti ore than 90 days afte g requirements, th	o <b>nal)</b> r filing.) Pu is date wil	rsuant to 605.02 I not be listed
record specifies a delayed effective date, but not an effective ti is filed.	me, at 12:01 a.m.)	on the earlier of: (	b) The 9	Oth day after th
ated 7-25 . 2022				
Does (and)	<u> </u>	<del>,, -</del>	_	
Signature of a member or auth	oriz de representative	of a member		