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COVER LETTER

Registration Section

Division of Corporations

Tallahassee, FL 32314

TO:

ovo incer	EVANS 1	MEAT & PRODUCE MARKE	T LLC			
SUBJECT:	Name of Limited Liability Company					
The enclosed	Articles of a	Amendment and fee(s) are subt	nitted for filing.			
Please return	all correspo	ndence concerning this matter t	o the following:			
		MD SHAR FARAJ				
			Name of Person			
			Firm/Company			
10115 N SILVER PALM DRIVE Address						
ESTERO FLORIDA 33928						
	City/State and Zip Code RAJFLOIRDA2013@GMAIL.COM					
			to be used for future annual report not	ification)		
For further in	nformation c	oncerning this matter, please co	all:			
MD SHAR F			239 269-3283 at () Daytin			
	Name o	f Person	Area Code Daytin	ne Telephone Number		
Enclosed is a	check for the	ne following amount:				
■ \$25.00 F	Filing Fee	S30.00 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)		
Re: Div	iling Addres gistration (vision of C). Box 632	Section Corporations	Street Address: Registration So Division of Co The Centre of	rporations		
Tallahassee, FL 32314		2415 N. Monro	2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

EVANS MEAT & PRODUCE MARKET LLC		
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our record Liability Company)	<u>ds.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on 10/02/2020	and assigned
florida document number 1.20000312520		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
he new name must be distinguishable and contain the words "Limited Liab	oility Company," the designation "LLC	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		
		020
		DEC
Enter new mailing address, if applicable:		<u> </u>
Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		F E G
		် ယ်
 If amending the registered agent and/or registered office agent and/or the new registered office address here: 	address on our records, <u>ente</u>	r the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	
	City, F	lorida Ziv Code
	~## C	29, 000

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
MGR	HASAN BASHIR	10740 PACIFICA WAY	□Add
		PARKLAND FL 33076	Remove
			☐ Change
			□ Add
			□Remove
			□ Change
			□Add
		□Remove	
		Change	
		□Add	
		Remove	
		<u>-</u>	□Change
	<u> </u>	□Add	
		□Remove	
		□Change	
			□Add
		□Remove	
			□Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) E. Effective date, if other than the date of filing: ________(optional) (If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed. Dated DECEMBER 14 2020

Signature of a member or authorized representative of a member

MD SHAR FARAJ

Typed or printed name of signee

Filing Fee: \$25.00