## L216660497603

(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	<del></del>
(Document Number)	
Certified Copies Certificates of Stat	us
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A. RIVERS NOV 1 8 2021



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2023 HOV -8 AM II: 26 SECRETARY OF STATE

## DocuSign Envelope ID: 4CDF575C-5E3C-458A-85FD-FB66DD7DA20D COVER LETTER

TO:

P.O. Box 6327

Tallahassee, FL 32314

TO: Registration Division of C			
H&K FO SUBJECT:	OD MART LEC		
SUBJECT:	Name of Lin	nited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Piease return all corres	pondence concerning this matter	to the following:	
	ESPERANZA ABULABA	AN	
		Name of Person	
	AWWAD & ASSOICATE	S TAX & ACCOUNTING	
		Firm/Company	
	1624 METROPOLITAN (	CIRCLE	
	<del></del>	Address	
	TALLAHASSEE, FL 323	08	
		City/State and Zip Code	
	EABULABAN@COMCAS		
		to be used for future annual report not	ification)
Por jurtner information	concerning this matter, please c	all:	
ESPERANZA ABULA	ABAN	850 513-1999 at ( )	
Name	of Person	Area Code Daytir	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 Status & Certified Copy (additional copy is enclosed)
Mailing Addr Registration		<u>Street Address:</u> Registration Se	ection
=	Corporations	Division of Co	

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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HER POOD MADELLO

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Lin	nited Liability Company as it (A Florida Limited Liability	now appears on our records.) Company)	<del></del>
The Articles of Organization for this Limited Florida document number L21000049203	Liability Company were f	led on 01/27/2021	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability co	mpany here:	
The new name must be distinguishable and contain the	words "Limited Liability Com	pany," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable:		
Principal office address MUST BE A STRE	ET ADDRESS)		
	<u></u>		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	<u> </u>		
3. If amending the registered agent and/or agent and/or the new registered office addr		on our records, enter the	-
Name of New Registered Agent:	RABIA ASHRAF		2023 NOV
New Registered Office Address:	5648 BLOUNTSTOW	N HWY  Enter Florida street address	04 173 80
	TALLAHASSEE	, Floric	1a 323 PH Cale 26
New Registered Agent's Signature, if changing	Cin	•	Stip Cale
wer registered Agent's organities, if changing	registered Agent:		E C

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.

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H anienting Authorized rerson(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

Title	<u>Name</u>	Address	Type of Action
MGR	SOUFIA MAROUANI	5648 BLOUNTSTOWN HWY	□Add
		TALLAHASSEE, FL 32310	<b>≫</b> Remove
			□ Change
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Signature of a member or authorized representative of a member	end -	•	<u> </u>		
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	(TS)				