

L21000342627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

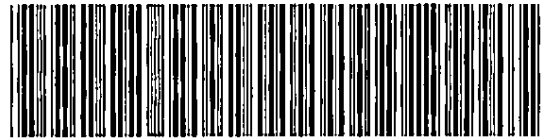
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700372042227

08/24/21--01014--010 ++25.00

SEP 24 2021 PM 2:11

*JA*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Stop-n-shop Discount Store LLC.  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Diala Rahming  
Name of Person

Stop-n-shop Discount Store LLC.  
Firm/Company

6723 S US Highway 1  
Address

Port St Lucie FL 34952  
City/State and Zip Code

Diala.Rahming@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Diala Rahming at 954 798 7071  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Stop-n-Shop Discount Store LLC

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

**AMBR = Authorized Member**

Title	Name	Address	Type of Action
MGR	Diala Rahming	3961 SW Port St Lucie Blvd Port St Lucie FL 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Rock Stimpf	3961 SW Port St Lucie Blvd Port St Lucie FL 34953	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
MGR	Odedra Scrivens	3961 SW Port St Lucie Blvd Port St Lucie FL 34953	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

amending signers adding Diala Rahming  
keeping Odedra Scrivens and removing  
Rock Stimpfhl.

Aug 17 2021 PM 2:11

E. Effective date, if other than the date of filing: 8/17/2021 (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 8/17/ 2021



Signature of a member or authorized representative of a member

Diala Rahming  
Typed or printed name of signee