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DATE: 5/17/2022

NAME: 5 A'S FOOD STORE LLC

TYPE OF FILING: AMEMDNEMT

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AUTHORIZATION: ABBIE/PAUL HODGE Attores

COVER LETTER

	Registration Sec Division of Corp		•		
		STORE LLC			
SUBJEC	T:	Name of Limi	ted Liability Company		
The encle	osed Articles of A	Amendment and fcc(s) are subi	nitted for filing.		
		ndence concerning this matter			
		WAIRDA FIAZ			
		<u></u>	Name of Person		
			Firm/Company		
		1165 SARNO ROAD			
		-	Address		
		MELBOURNE, FL 32935			
	City/State and Zip Code				
		E-mail address: (to be used for future annual report n	otification)	
For furth	cr information c	oncerning this matter, please co	all;		
WAIRD	A FIAZ		954 584-2088 at ()		
	Name o	f Person	Area Code Dayt	me Telephone Number	
Enclosed	Lis a check for th	ne following amount:			
⊒ \$ 25.	00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fec, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Division of C	Section	Street Address: Registration S Division of C	Section	
	P.O. Box 632	27	The Centre of	f Tallahassee	
	Tallahassce,	FL 32314	2415 N. Mon	roc Street, Suite 810	

Tailahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

5 A'S FOOD STORE LLC

7022 MAY 17 PM 5: 23

(Name of the Limited Liability Company as it now appears on our Stottle) IARY Or STATE
(A Florida Limited Liability Company) TALLAHASSEF FL TALLAHASSEE, FL The Articles of Organization for this Limited Liability Company were filed on ______ and assigned Florida document number ____L21000523974 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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
AMBR	MUHAMMAD AKHTAR	1165 SARNO ROAD	
		MELBOURNE, FL 32935	_
			Change
			□Add
			□ Remove
			□Add
			□Remove
			□Change
			□Add
			□Change
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ffective date, if other than an effective date is listed, the date	the date of filing:		(optional)	
an effective date is listed, the date to the comment's effective date on the	s block does not meet the ap	phicable statutory filing i	e than 90 days after filing.) requirements, this date w	Pursuant to 605.0207 vill not be listed as
record specifies a delayed efforis filed.	ctive date, but not an effecti	ve time, at 12:01 a.m. on	the earlier of: (b) The	90th day after the
	2022			
ated MAY 13				

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