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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : A3 ACCOUNTING SERVICES, INC.

Account Number : I20110000092

Phone : (305)448-9584 Fax Number : (305)448-9569

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## DISCOUNT PRICE MIAMI LLC

Certificate of Status	0
Certified Copy	U
Page Count	05
Estimated Charge	\$25.00

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## **COVER LETTER**

Liability Company
ted for filing.
he following:
Name of Person
LLC
Firm/Company
Address
. 33162
City/State and Zip Code
S@GMAIL.COM
or used for future annual report notification)
305 448-9584 at ( )
at ()
☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certified Copy (additional copy is enclosed)  ☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	DISCOUNT PRICE MIAMI LLC	_ <del></del> ,	
ļ	(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
	Articles of Organization for this Limited Liability Company were filed on 02/22/2022	and ass	igned
Flor	da document number 1.22000085378		
This	amendment is submitted to amend the following:		
A. I	f 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 abbr	eviation "L	.L.C."
Ent	er new principal offices address, if applicable:		
<u>(Pri</u>	incipal office address MUST BE A STREET ADDRESS)		
		<del></del> -	
F.nt	er new mailing address, if applicable:		
	ailing address MAY BE A POST OFFICE BOX)		
В.	If amending the registered agent and/or registered office address on our records, enter the name and/or the new registered office address here:	of the ne	w registered
<u></u>	=		<b>)</b> A)
	Name of New Registered Agent:		ن 5
			<u> </u>
	New Registered Office Address:  Enter Florida street address	··· · · · · · · · · · · · · · · · · ·	F 25 33
	, Florida _ 🔀	Zip 🖼	A C C C
	City	Zip 🖼	
	w Registered Agent's Signature, if Changing Registered Agents	9	
pro ac be	pereby accept the appointment as registered agent and agree to act in this capacity. I further agree to act the appointment as registered agent and agree to act in this capacity. I further agree visions of all statutes relative to the proper and complete performance of my duties, and I am for ept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, ang filed to merely reflect a change in the registered office address. I hereby confirm that the line and any has been notified in writing of this change.	if this do	cument is
	If Changing Registered Agent, Signature of New Rej	gistered Ag	ent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

Title	Name	Address	Type of Action
AMBR	KONOK K DASH	2055 NE 151ST STREET	[]Add
		NORTH MIAMI BEACH, FL 33162	≅Remove
			Change
AMBR	MD A ISLAM	2055 NE 151ST STREET	■Add
		NORTH MIAMI BEACH, FL 33162	
			□Change
			□Add
			□Remove
			□Cliange
			🗀 Add
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			Change
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ffective date, if other than the an effective date is listed, the date in lote: If the date inserted in this ocument's effective date on the	block does not meet th	ie applicable statu	liling or more than 90	(optional) days after filing.) Pursua ents, this date will no	int to 605.020 it be listed a
record specifies a delayed effect is filed.	tive date, but not an ef	fective time, at 12	:01 a.m. on the earf	ier of: (b) The 90th	day after th
May 24	202	22			
		<del></del>			
		~ / <sub>~</sub>			

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