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SECRETARY OF STATI

COVER LETTER

Registration Section Division of Corporations

0:

BJECT: Tayba Mart LLC	<u> </u>	<u> </u>		
Name of Limited	d Liability Company			
ne enclosed Articles of Amendment and fee(s) are submicase return all correspondence concerning this matter to				
Abdus Subh	Name of Person			
Tayba Mart	Firm/Company	<u>.</u>		
27638 Mal	halland Ct			
Wesky Chapel	FL 33543 City/State and Zip Code		2 1	
+inybamort 250 E-mail address: (to	be used for future annual report notif	ication))23FI ECR TAL	-=:j=:
or further information concerning this matter, please call			ETAP ETAP	Inserted Alberta
Abdus Subhan Syed Name of Person	at (<u>312</u>) <u>823-</u> Area Code Daytime	Sic 27 e Telephone Number	2023 FEB - 6 AM 10: 07 SECRETARY OF STATE TALLAHASSHE, FL	
nclosed is a check for the following amount:			r. S	
	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Second Division of Core The Centre of T	porations	n	
Tallahassee, FL 32314	Z+1J IN, MOHIO	c pacer, same are	•	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_Tayba Mart "LL		
(<u>Name of the Limited</u> (A	Liability Company as it now appears on our records.) A Florida Limited Liability Company)	
	bility Company were filed onand assigned	
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of the	he limited liability company here:	
Tayba Mart LLC		
The new name must be distinguishable and contain the word	ds "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicab	ole:	_
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO B. If amending the registered agent and/or reginated and/or the new registered office address because in the new registered of th	istered office address on our records, enter the name of the new register	- - - <u>-</u>
Name of New Registered Agent:		-
New Registered Office Address:		_
	Enter Florida street address	
-	Florida	_
	City Zip Code	

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.

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

AGR = Manager

AMBR = Authorized Member

<u>`itle</u>	<u>Name</u>	Address	Type of Action
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		Wesley Chapel, FL 33544	Remove
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			🗀 Add
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