

L23000261274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

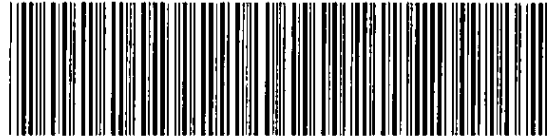
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/15/23--01012--029 **25.00

2023 JUN 15 PM 3:43

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ARAB INDIA GROCERY LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

YOUNUS IQBAL

Name of Person

ARAB INDIA GROCERY LLC

Firm/Company

7163 SARATOGA WATERS WAY

Address

City/State and Zip Code

LAKE WORTH, FLORIDA, 33467

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

YOUNUS IQBAL

954 451-4475
at ()

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

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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>	<u>Address</u>	<u>Type of Action</u>
MGR	RUBIYA SULTANA	7163 SARATOGA WATERS WAY	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
		LAKE WORTH, FLORIDA, 33467	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
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(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)

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 JUNE 11TH 2023

Signature of a member or authorized representative of a member

YOUNUS IQBAL

Typed or printed name of signee

Filing Fee: \$25.00