Office Use Only



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## **COVER LETTER**

	Registration S Division of Co						
SUBJEC	SAHARA HALAL MARKET LLC						
SOBJE,C,	··	Name of Limited Liability Company					
The enclo	sed Articles of	Amendment and fee(s) are sul	bmitted for filing.				
Please ret	urn all correspo	ondence concerning this matter	r to the following:				
		YOUSSEF GAMRAOUI					
			Name of Person	<del></del>			
		SAHARA HALAL MAR	KET LLC				
		<del></del>	Firm/Company	····			
	3295 OXFORD DR						
			Address				
		KISSIMMEE, FL 34746					
			City/State and Zip Code				
		YOUSSEFGAM@YAHOO					
		E-mail address; (	to be used for future annual report not	fication)			
For furthe	r information c	oncerning this matter, please e	all:				
YOUSSE	F GAMRAOU	i i	407 914-4278				
Name of Person				e Telephone Number			
Enclosed i	s a check for th	ne following amount:					
<b>■</b> \$25.00	0 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)			
	<u> Iailing Addres</u>		Street Address:				
Registration Section Division of Corporations				Registration Section Division of Corporations			
P	.O. Box 632	7	The Centre of T				
Ţ	allahassee, I	FL 32314	2415 N. Monroe	e Street, Suite 810			

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SAHARA HALAL MARKET LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{04/22/2024}{2024}$ and assigned Florida document number  $\frac{1.24000187679}{}$ 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 "LLC." 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.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SAM ISMAIL RADI	2641 ALMOND LOOP APT 305	≣Add
		ORLANDO, FL 32821	□Remove
			□Add
			□Remove
			Change
			□Add
			□Remove
			Change
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Filing Fee: \$25.00