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S. CHATHAM JUL 19 2025



COVER LETTER

TO:

Registration Section

Division of Corporations THE RESTAURANT AND MERCANTILE AT VILLANOVA SHOPPES, LLC SUBJECT: 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: Mirza Arsalan Baig Name of Person Firm/Company 6500 Miami Dr Unit 1 Address Indian Lake Estates, FL 33855 City/State and Zip Code arsalanbaig79@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 407 Mirza Arsalan Baig 670-8354 Daytime Telephone Number Name of Person Area Code Enclosed is a check for the following amount: **■ \$25.00** Filin**g**Fee_. · ☐ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our recor liability Company)	rds.)
The Articles of Organization for this Limited Liability Company Florida document number 1.25000224798	were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		25
		1555 P
Enter new mailing address, if applicable:		75 7
Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
3. If amending the registered agent and/or registered office a gent and/or the new registered office address here:	address on our records, <u>ente</u>	r the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addre	ess
		lorida
 -	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.

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

Title	<u>Name</u>	Address	Type of Action
MGR	Mary Bryant	6500 Miami Dr	□Add
	-	Indian Lake Estates, FL 33855	
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			□Change
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			□Remove
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