

LO8000000177

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

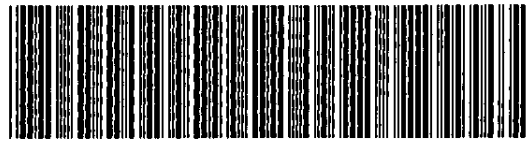
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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08/26/11--01034--005 \*\*7.50

08/15/11--01031--019 \*\*52.50

11 SEP -6 AM 9:33  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
SEP 07 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2011

ALMAZ M HABTEMARIAM  
2275 WEST 45TH ST  
JACKSONVILLE, FL 32209

SUBJECT: ABF FOOD STORE, LLC  
Ref. Number: L08000000177

We have received your document for ABF FOOD STORE, LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 511A00020026

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11 SEP -6 AM 9:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 18, 2011

ALMAZ M HABTEMARIAM  
2275 WEST 45TH STREET  
JACKSONVILLE, FL 32209

SUBJECT: ABF FOOD STORE, LLC  
Ref. Number: L08000000177

We have received your document for ABF FOOD STORE, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The fee to file your limited liability company document is \$25. Please include an additional \$30 for each certified copy (optional) requested and an additional \$5 for each certificate of status (optional) requested.

There is a balance due of \$7.50.

The title(s) you have listed for the manager(s) or manager member(s)is/are not acceptable. You must insert the letters "MGR" for each manager or the letters "MGRM" for each managing member listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 411A00019371

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11 SEP -6 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

[www.sunbiz.org](http://www.sunbiz.org)

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ABF FOOD STORE 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:

Name of Person  
ABF FOOD STORE  
Firm/Company  
2275 W 45th St  
Address  
Jacksonville FL 32209  
City/State and Zip Code  
almaz@hobtematic.com@yahoo.com  
E-mail address: (to be used for future annual report notification)

11 SEP - 6 AM 9:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Almaz Hobtematic at (904) 450 0281  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 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)

MAILING ADDRESS:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

STREET/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

ABF Foodstore

(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 \_\_\_\_\_ and assigned Florida document number \_\_\_\_\_.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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)

P.O. Box 2303  
Jacksonville FL 32203

**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

Florida

City

11 SEP - 11 AM '03  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA  
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 608, 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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

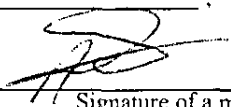
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Fekade Haile		<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Binyem Bekele		<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Please change title of Almaz M. Habtemariam to MGRM

11 SEP - 6 AM '09  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Almaz Habtemariam

Typed or printed name of signee