

L11000090793 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

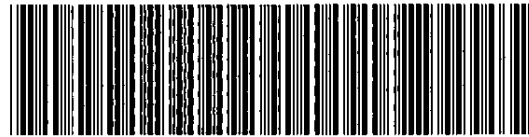
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 10 2011

EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: BNK STORES, 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:

NASIR JAMAL  
Name of Person

ZOHRA, LLC  
Firm/Company

652 OCEAN BOULEVARD  
Address

GOLDEN BEACH, FLORIDA 33160  
City/State and Zip Code

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

For further information concerning this matter, please call:

NASIR JAMAL at ( 305 ) 336-3894  
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

**FILED**  
 11 OCT -7 PM 12:07  
 SECRETARIAT OF STATE  
 TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**BNK STORES, 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 AUGUST 8, 2011 and assigned Florida document number L11000090793.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

N/A

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:** 652 OCEAN BOULEVARD  
**(Principal office address MUST BE A STREET ADDRESS)** GOLDEN BEACH, FLORIDA 33160

**Enter new mailing address, if applicable:** 652 OCEAN BOULEVARD  
**(Mailing address MAY BE A POST OFFICE BOX)** GOLDEN BEACH, FLORIDA 33160

**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:** NABILA JAMAL  
**New Registered Office Address:** 652 OCEAN BOULEVARD  
*Enter Florida street address*  
GOLDEN BEACH, Florida 33160  
*City* *Zip Code*

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TALLAHASSEE, FL  
FLA

**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.*

*Nabila Jamal*  
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	NABILA JAMAL	652 OCEAN BOULEVARD GOLDEN BEACH, FLORIDA 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	TALAL NASIR	652 OCEAN BOULEVARD GOLDEN BEACH, FLORIDA 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BNK REAL ESTATE, LLC	19766 DINNER KEY DRIVE BOCA RATON, FLORIDA 33498	<input type="checkbox"/> Add <input checked="" 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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated SEPTEMBER 19, 2011



Signature of a member or authorized representative of a member

TRACY BELINDA NEWMARK, ESQUIRE

Typed or printed name of signee

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