

**L120000018514**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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Office Use Only



**000248077290**

05/21/13--01022--012 \*\*25.00

**FILED**

**2013 MAY 21 AM 11:56**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

N. Culligan

**MAY 22 2013**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: A & R 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:

MD M RAHAMAN

Name of Person

A & R GROCERY, LLC

Firm/Company

11205 S ORANGE BLOSSOM TRAIL

Address

ORLANDO, FL 32837

City/State and Zip Code

mfloreda@gmail.com

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

For further information concerning this matter, please call:

MD M RAHAMAN

Name of Person

at ( 407 ) 851-5840

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**

**FILED**  
**2013 MAY 21 AM 11: 57**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**A & R GROCERY, 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 \_\_\_\_\_ and assigned  
Florida document number L12000018514.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

11205 S Orange Blossom Trail

ORLANDO, FL 32837

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

11205 S Orange Blossom Trail

ORLANDO, FL 32837

**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:

N/A

New Registered Office Address:

Enter Florida street address

Florida

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 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>
MGRM	MOHAMMAD A HOSSAIN	446 WEST OAKRDIGE RD. APT. 207	<input type="checkbox"/> Add
		ORLANDO FL 32809	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

N/A

Dated MAY 07, 2013

  
Signature of a member or authorized representative of a member

MD M RAHAMAN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2013 MAY 21 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA