

# L22000376399

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2022 SEP 14 PM 12:43

TALLAHASSEE FL

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2022 SEP 14 PM 3:57

TALLAHASSEE FL

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from Account: 120210000160 Amount: \$ 25.00

Authorization Signature: James Guller  
2090 E New York 38685 LLC L22000376399

Business

Document #

Walk in \_\_\_\_\_ Pick up time \_\_\_\_\_

\_\_\_\_\_ Mail out \_\_\_\_\_ Will wait

\_\_\_\_\_ Photocopy

\_\_\_\_\_ Certified Copy (s) of Articles

\_\_\_\_\_ Certificate of Status

**NEW FILINGS**

\_\_\_\_\_ Profit  
\_\_\_\_\_ Not for Profit  
\_\_\_\_\_ Limited Liability  
\_\_\_\_\_ Domestication  
\_\_\_\_\_ Other  
\_\_\_\_\_ **CORP**

**AMMENDMENTS**

\_\_\_\_\_ **X** Amendment  
\_\_\_\_\_ Resignation of R.A. Officer/Director  
\_\_\_\_\_ Change of Registered Agent  
\_\_\_\_\_ Dissolution/Withdrawal  
\_\_\_\_\_ Merger  
\_\_\_\_\_ **Conversion**  
\_\_\_\_\_ Articles of Conversion

**OTHER FILINGS**

\_\_\_\_\_ Annual Report  
\_\_\_\_\_ Fictitious Name  
\_\_\_\_\_ ARTICLES OF CORRECTION

**REGISTRATION/QUALIFICATIONS**

\_\_\_\_\_ Foreign filing  
\_\_\_\_\_ Limited Partnership  
\_\_\_\_\_ Reinstatement

\_\_\_\_\_ APOSTIL( ) \_\_\_\_\_ Other  
Country

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 2090 E New York 38685 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:

Rocio Bruni

Name of Person

Nishad Khan, P.L.L.

Firm/Company

1303 N. Orange Ave.

Address

Orlando, FL 32804

City/State and Zip Code

roxio@nishadkhanlaw.com

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

For further information concerning this matter, please call:

Rocio Bruni

at (407)

228-9711

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

2090 E New York 38685 LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

**FILED**  
2022 SEP 14 PM 12:43

The Articles of Organization for this Limited Liability Company were filed on 8/26/2022 and assigned  
Florida document number 122000376399.

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 "L.L.C."

Enter new principal offices address, if applicable:

2090 E. New York Ave., Deland, FL 32724

**(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*

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 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 Changing Registered Agent, Signature of New Registered Agent**

**In 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**

| <u>Title</u> | <u>Name</u>   | <u>Address</u>                          | <u>Type of Action</u>                      |
|--------------|---------------|---|--|
| AR           | Nishad Khan   | 1303 N. Orange Ave., Orlando, FL 32804  | <input type="checkbox"/> Add               |
|              |               |   | <input checked="" type="checkbox"/> Remove |
|              |               |   | <input type="checkbox"/> Change            |
| MGR          | Nekpal Singh  | 2090 E. New York Ave., Deland, FL 32724 | <input checked="" type="checkbox"/> Add    |
|              |               |   | <input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Change            |
| MGR          | Randhir Singh | 2090 E. New York Ave., Deland, FL 32724 | <input checked="" type="checkbox"/> Add    |
|              |               |   | <input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Change            |
|              |               |   | <input type="checkbox"/> Add               |
|              |               |   | <input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Change            |
|              |               |   | <input type="checkbox"/> Add               |
|              |               |   | <input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Change            |
|              |               |   | <input type="checkbox"/> Add               |
|              |               |   | <input type="checkbox"/> Remove            |
|              |               |   | <input type="checkbox"/> Change            |

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

Business Purpose: The activities of this Company are confined exclusively to the operation of one or more 7-Eleven  
in accordance with one or more 7-Eleven Store Franchise Agreements.

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2022 SEP 14 PM 12:43  
STATE OF MASSACHUSETTS

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated September 13, 2022

DocuSigned by:

Nishad Khan

91B04CC1BFA04AD

Signature of a member or authorized representative of a member

Nishad Khan

Typed or printed name of signee