L22000376399

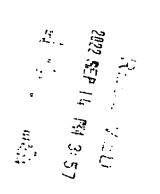
(Requestor's Name)
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(,
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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(850) 524-6243 Please use funds from Account: 120210000160 Amount: \$ 25.00 Jours Jullan Authorization Signature: L22000376399 2090 E New York 38685 LLC Business Document # Pick up time____ Walk in Will wait Mail out Photocopy Certified Copy (s) of Articles Certificate of Status **AMMENDMENTS NEW FILINGS** X Amendment Profit Resignation of R.A. Officer/Director Not for Profit Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other Conversion CORP Articles of Conversion REGISTRATION/QUALIFICATIONS **OTHER FILINGS** Foreign filing Annual Report Limited Partnership __ _Fictitious Name Reinstatement ___ARTICLES OF CORRECTION Other ___ APOSTIL() Country

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE
- TALLAHASSEE, FL 32309

EXAMINER'S INITIALS:_____

(850) 524-5437

DocuSign Envelope ID: 8DE355BD-B211-46F1-AF1D-92DA3AAB921D COVER LETTER

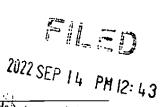
Registration Section

TQ:

Division of Co	rporations			
	ew York 38685 LLC			
SUBJECT:	Name of Lim	ited Liability Company		
			28-9711 Daytime Telephone Number 28-9711 Daytime Telephone Number 28-9711 Securificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed) Address: Tration Section on of Corporations	
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Rocio Bruni			
		Name of Person		
	Nishad Khan, P.L.			
		Firm/Company		
	1303 N. Orange Ave.			
		Address	· · ·	
	Orlando, FL 32804			
		City/State and Zip Code		
	rocio@nishadkhanlaw.com	to be used for future annual report not	ification)	
For further information	concerning this matter, please c			
Rocio Bruni		407 228-9711 at ()		
Name	of Person		ne 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)	Certificate of Status & Certified Copy	
<u>Mailing Addr</u> Registration		<u>Street Address:</u> Registration Se	ection	
Division of Corporations		Division of Corporations		
P.O. Box 63 Tallahassee		The Centre of 2415 N. Monro	Tallanassee De Street, Suite 810	

Tallahassee, FL 32303

DocuSign Envelope ID: 8DE355BD-B211-46F1-AF1D-92DA3AAB921D ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



2090 E New York 38685 LLC

company has been notified in writing of this change.

(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our rec Liability Company)	ALT AHASSES OF
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000376399</u> .		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	oility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "	LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	2090 E. New York Ave., D	Peland, 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	add-aw an our regards on	tor the name of the new regis
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, en	ter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street aa	
	City	, Florida
New Registered Agent's Signature, if changing Registered Agent	•	z.y. Sina
I hereby accept the appointment as registered agent and ag		I further agree to comply wit
provisions of all statutes relative to the proper and complete	e performance of my dutie:	s, and I am familiar with and
accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered offic	provided for in Chapter 6 e address, I hereby confirn	vs, r.s. Or, y inis aocument . n that the limited liability

If Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 8DE3558D-B211-46F1-AF1D-92DA3AAB921D in amending Authorized rerson(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>	Address	Type of Action
AR	Nishad Khan	1303 N. Orange Ave., Orlando, FL 32804	□Add
			Remove
			□Change
MGR	Nekpal Singh	2090 E. New York Ave., Deland, Fl. 32724	≘ Add
			□Remove
			□Change
MGR	Randhir Singh	2090 E. New York Ave., Deland, FL 32724	= Add
			Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

Business Purpose: The activities of this Compar	y are confined exclu	sively to the operation	on of one or mo	re 7-Elevei
in accordance with one or more 7-Eleven Store	Franchise Agreemen	ts.		
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ctive date, if other than the date of filing: _ effective date is listed, the date must be specific and can	not be prior to date of fil	ing or more than 90 day	s after filing.) Pu	rsuant to 605.
: If the date inserted in this block does not meet iment's effective date on the Department of State	the applicable statute 's records.	ory filing requiremen	ts, this date wil	i noi de liste
ord specifies a delayed effective date, but not an o	ffective time, at 12:0	I a.m. on the earlier	of: (b) The 90	Oth day after
filed.				
September 13 2	022			
September 13 2	·			
Nishad Khan				
91B04CC18F404AD Cignature of a mem	Lancard Control of State	sentative of a member		