L07000114376

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





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COVER LETTER

Divi	ision of Corp	orations				
SUBJECT:	SUMMERFI	ELD QWIK KING FOOD ST	FORE, LLC			
SUBJECT		Name of Limi	ited Liability Company			
The enclosed	Articles of A	mendment and fee(s) are sub	mitted for filing			
Please return	all correspond	dence concerning this matter	to the following:			
		BIPINKUMAR PATEL				
			Name of Person			
			Firm/Company			
		7849 SW 63RD A VE RD				
			Address			
		OCALA, FL 34476				
		renu@yashcon.com	City/State and Zip Code			
		E-mail address: ()	to be used for future annual report notifi	ication)		
For further in	iformation cor	neerning this matter, please ca	all:		,	
Renu Vardha			407 636-3555 at ()		1 3 06	
	Name of I	Person	Area Code Daytime	Telephone Number		· <u>.</u>
					:: . 7	٠ . د .
Enclosed is a	check for the	following amount:			- i- - - 5.	÷, :
\$25.00 F	iling Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Sta Certified Copy (additional copy is en	tus 25 AT DE	7

MAILING ADDRESS:

TO:

Registration Section

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

- 5 . .

	LD QWIK KING FOOD STORE, LLC	
(Name of the Limites	d Liability Company as it now appears on our records.) A Florida Limited Liability Company)	- 6
,	,	S. S.
The Articles of Organization for this Limited Lia	bility Company were filed on 11/13/2007	and assigned
Florida document number L07000114376		
		क हि
This amendment is submitted to amend the follow	wing:	15 C
A. If amending name, enter the new name of t	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" o	r the abbreviation "L.L.C."
Enter new principal offices address, if applical	ble:	
		
<u>(Principal office address MUST BE A STREET</u>	<u> </u>	
Enter new mailing address, if applicable:		
	<u></u>	
	90X)	
(Mailing address MAY BE A POST OFFICE B		notes the name of the na
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o	r registered office address on our records, g	enter the name of the ne
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o	r registered office address on our records, g	enter the name of the ne
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, g	enter the name of the ne
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o	r registered office address on our records, g	enter the name of the ne
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o registered agent and/or the new registered offi	r registered office address on our records, gice address here:	enter the name of the ne
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o registered agent and/or the new registered offi Name of New Registered Agent:	r registered office address on our records, g	enter the name of the ne
registered agent and/or the new registered offi Name of New Registered Agent:	r registered office address on our records, gice address here:	

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

If 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>	Type of Action
MGRM	MILKYFELLC	7929 SW 63RD AVENUE ROAD	■ Add
		Ocala, FL 34476	
			Remove
			Change
MGRM	PATEL, BIPINKUMAR	7849 SW 63Rd Avenue Road	Add
		Ocala, FL 34476	■ Remove
			Change
		 	□ Remove
			Change
			Add
			Remove
			☐ Change
			Add
		······································	Remove
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Effect	ive date, if other than the d	ate of filing:		_ (optional)	
(If an eff	cetive date is listed, the date must b	be specific and cannot be prior to k does not meet the applicable	date of filing or more than 90- le statutory filing requirem	(optional) days after filing.) Pursuant to 605.02 ents, this date will not be listed	207 (3)(as the
the red) The	cord specifies a delayed 90th day after the reco	effective date, but not and is filed.	an effective time, at 3	12:01 a.m. on the earlier	of:
Dated	OCTOBER 8TH	2019			
~ *************************************		0001	•		
		ignature of a member or authoriz	zed representative of a member		
		ignature of a member of authoriz	co representative or a memor		

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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00