L08000001476

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

Office Use Only



300215451543

12/27/11--01024--036 **25.00

2011 DEC 27 AM 8: 31
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

DEC 29 2011

COVER LETTER

TO:	Registration Se Division of Cor						
SUBJE	ст: <u>Ве</u> а		Mart 1,1, C. red Liability Company				
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.				
Please r	eturn all correspo	ndence concerning this matter	to the following:				
	·	<u>SHai</u>	ng 3 Gillari Name of Person	 			
		Bear	Lake Jood Hout Firm/Company	1,2,0 .			
		406 Bear	Lake Kond Address		TAL St	20	
		Apoplea	florida 32703 · City/State and Zip Code		SECRETARY OF STATE: ALLAHASSEE. FLORIDA	2011 DEC 27 AM 8: 3	
		Giraj Gillani	City/State and Zip Code (2) Yokov (em.) To be used for future annual report notifica	tion)	RY OF S SEE. FL	?7 AM	
For furt	her information o	oncerning this matter, please c		(ion)	TATE ORIDA	8: 3	المسية
	Name o	f Person	at ()Area Code & Daytime 1	Telephone Number			
Enclose	d is a check for th	ne following amount:					
□ /\$25.0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate Certified	0 Filing Fee, tificate of Status & tified Copy litional 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**

Bear Lake Lood Moe (Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our recordability Company)	ds.) ALLAH		
The Articles of Organization for this Limited Liability Company	were filed on	Zand assigned		
Florida document number <u>L 0800000 1476</u> .		SEX 7		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liabil	lity company here:	AM 8: 31 OF STATE E. FLORIDA		
,				
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designa	ation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	Bear Lake food	Mart Lilic.		
(Principal office address MUST BE A STREET ADDRESS)	J			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	706 Bear Lake Doepka florida	Road 32703.		
B. If amending the registered agent and/or registered office address here	ice address on our records, <u>e</u>	enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
	, Florida City Zip Code			
New Besistansk Assetts St.	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> **Address Type of Action** Verai Shameerack. MGRM. ☐ Add Remove ☐ Add Remove Add Remove ___Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Shaina, S. Gillani 'Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00