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(Business Entity Name)

(Document Number)

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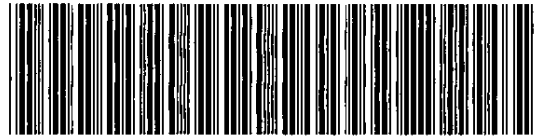
Special Instructions to Filing Officer:

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JUN 15 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: H & M FOOD MART & GAS, 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:

Robert D. Wilson

Name of Person

Wilson & Williams, P.A.

Firm/Company

954 E. Silver Springs Boulevard

Address

Ocala, Florida 34470

City/State and Zip Code

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

For further information concerning this matter, please call:

Robert D. Wilson

Name of Person

at (352)

629-9747

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**

H & M FOOD MART & GAS, 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 11/13/2008 and assigned
Florida document number L08000105891.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

2403 S.E. 17th Street, Suite 201

(Principal office address MUST BE A STREET ADDRESS)

Ocala, Florida 34471

Enter new mailing address, if applicable:

2403 S.E. 17th Street, Suite 201

(Mailing address MAY BE A POST OFFICE BOX)

Ocala, Florida 34471

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:

Mulka J. Patel

New Registered Office Address:

2403 S.E. 17th Street, Suite 201

Enter Florida street address

Ocala

, Florida

City

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SECRETARY OF STATE

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>
MGR	Mulka J. Patel	2403 S.E. 17th Street, Suite 201 Ocala, Florida 34471	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Hamdan Mubarak	10013 Newington Drive Orlando, Florida 32836	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Mohammad Yousef	10013 Newington Drive Orlando, Florida 32836	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

June 10, 2009

"See Attached"

Signature of a member or authorized representative of a member

Typed or printed name of signee

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TALLAHASSEE FLORIDA