

LD90000000274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

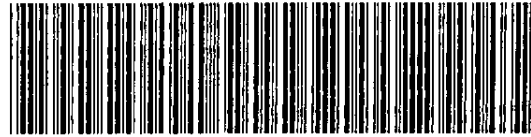
Special Instructions to Filing Officer:

L. SELLERS

MAR - 8 2011

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 MAR - 4 PM 5:28

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Jalalabad Food 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:

Mashud Rana
Name of Person
Jalalabad Food LLC
Firm/Company
921 E. First Avenue
Address
Mount Dora/FL 32757
City/State and Zip Code
mashud51@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mashud Rana at (**386**) **405-4828**
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Jalalabad Food 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 01/02/2009 and assigned Florida document number L09000000274.

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:

(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:

Ripon Khan

New Registered Office Address:

921 E. First Avenue

Enter Florida street address.

Mount Dora

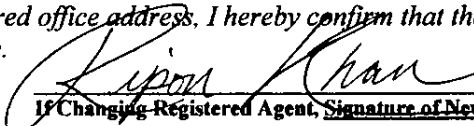
Florida

City

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11 MAR - 4 PM 5:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
32757
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>	<u>Address</u>	<u>Type of Action</u>
MGR	Ripon Khan	1794 Creekwater Blvd. Port Orange FL, 32128	<input checked="" type="checkbox"/> Add <input 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
			<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 _____, _____.



 Signature of a member or authorized representative of a member

Mashud Rana


 Typed or printed name of signee


March 1, 2011

To Whom It May Concern,

I Mashud Rana am the owner of Jalalabad Food LLC (Document Number: L09000000274) located at 921 E. First Avenue, FL 32757. I own 100% of the share and would like to relinquish my position as owner and manager of Jalalabad Food LLC to Ripon Khan. By signing this document I agree to give all of my share and positions to Ripon Khan, and by Ripon Khan signing it he agrees to accept the full ownership and positions of the store.

Sincerely,


Mashud Rana
1794 Creekwater Blvd.
Port Orange, FL 32128


Ripon Khan
1794 Creekwater Blvd.
Port Orange, FL 32128