

L11000090793 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

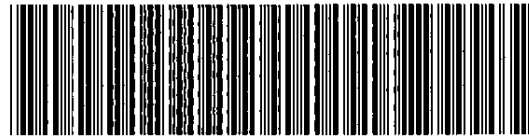
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 10 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BNK STORES, 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:

NASIR JAMAL

Name of Person

ZOHRA, LLC

Firm/Company

652 OCEAN BOULEVARD

Address

GOLDEN BEACH, FLORIDA 33160

City/State and Zip Code

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

For further information concerning this matter, please call:

NASIR JAMAL

Name of Person

at (305)

336-3894

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

FILED
11 OCT -7 PM 12:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

BNK STORES, 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 AUGUST 8, 2011 and assigned
Florida document number L11000090793.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

652 OCEAN BOULEVARD

GOLDEN BEACH, FLORIDA 33160

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

652 OCEAN BOULEVARD

GOLDEN BEACH, FLORIDA 33160

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:

NABILA JAMAL

New Registered Office Address:

652 OCEAN BOULEVARD

Enter Florida street address

GOLDEN BEACH

City

Florida

Zip Code

33160

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	NABILA JAMAL	652 OCEAN BOULEVARD GOLDEN BEACH, FLORIDA 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	TALAL NASIR	652 OCEAN BOULEVARD GOLDEN BEACH, FLORIDA 33160	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	BNK REAL ESTATE, LLC	19766 DINNER KEY DRIVE BOCA RATON, FLORIDA 33498	<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 SEPTEMBER 19, 2011



Signature of a member or authorized representative of a member

TRACY BELINDA NEWMARK, ESQUIRE

Typed or printed name of signee

SECTION 7 OF STATE
TAILLORASSISTE, FLORIDA

11 OCT -7 PM 12:07

FILED