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J. SAULSBERRY

AUG 3 1 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Co	rporations		
SUBJECT:	NORTH 22	ND STREET LLC	
	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		HAMEED KHIMANI	
		Name of Person	
	NEIGH	BORHOOD FOOD MART II	
		Firm/Company	
		11620 N 22ND ST	. <u></u>
		Address	
		TAMPA FL 33612	
	LIAD	City/State and Zip Code	
	E-mail address: (SHA.TAS@GMAIL.COM to be used for future annual report notifica	tion)
For further information	concerning this matter, please of	call:	
HAN	MEED KHIMANI	ui (63-6874 🛂 🔁
Name	of Person	Area Code & Daytime T	63-6874 20 ZO
Enclosed is a check for	the following amount:		reg 🗩 🗇
\$25.00 Filing Fee	₹30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS: tration Section	STREET/COURIED Registration Section	R ADDRESS:
P.O. I	ion of Corporations Box 6327 nassee, FL 32314	Division of Corporate Clifton Building 2661 Executive Cent	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ND STREET LLC	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records ted Liability Company)	P)
The Articles of Organization for this Limited Liability Comp	pany were filed on	and assigned
Florida document numberL1200006970		
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 "L.L.C."	'Limited Liability Company," the designat	ion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRES.	<u> </u>	7 7 7 T
		ARE 2 -
Enter new mailing address, if applicable:	11620 N 22ND STREET	TO THE COLUMN TWO IS NOT THE COLUMN TWO IS N
(Mailing address MAY BE A POST OFFICE BOX)	TAMPA FL 33612	STATE 12
		P
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		iter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et address
	, Floric	
	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 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 Title **Type of Action** Name Address MGRM NASRIN B HAMID 10801 SUNDOWN VIEW CT ✓ Add TAMPA FL 33626 Remove ☐ Add Remove Remove Remove ____Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated ____ AUGUST 15 2012 Signature of a member or authorized representative of a member HAMEED KHIMANI

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee