## L12000059565

(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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T. HAMPTON

## **COVER LETTER**

TO:	Registration Se Division of Cor	ction ; porations	.a	•
ORIM X	To chang	ge the name of the busi	iness.	
SUBJ	ECT:	Name of Lim	ited Liability Company	<del></del>
The er	nclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		Librada Arceo		
			Name of Person	
		Asian mini-mart "LL	C"	
			Firm/Company	<del>, , , , , , , , , , , , , , , , , , , </del>
		1813 Alpine Dr.		
		· · · · · · · · · · · · · · · · · · ·	Address	
		Navarre Fl 32566		
			City/State and Zip Code	
		asianpride_corner@	=	
		E-mail address: (	to be used for future annual report notifi	cation)
For fu	rther information co	oncerning this matter, please co	all:	
Libra	ada Arceo		850 939-0412	
	Name of	f Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for th	e following amount:		
■ \$2 •	5.00 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

appears on our records.)
May 02,2012 and assigned
ny here:
," the designation "LLC" or the abbreviation "L.L.C."
TAS 5
元 王 丁
75 1 800
95 - 1
OP :
DE A
ss on our records, enter the name of the
r Florida street address
, Florida
Zip Code

If Changing Registered Agent, Signature of New Registered Agent

accept the obligations of my position as registered agent as provided for in Chapter 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager

AMBR =	Authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<del></del>			
			□ Remove
			Remove
			Remove
			□ Remove
			SECRE FLORIDA
		·	
			Remove

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	te of filing: (optional prior to date of receipt or filed date and cannot be more than 90 days after a Department of State)
ate this document is filed by the Florida	
ate this document is filed by the Florida d	Department of State)  2015
late this document is filed by the Florida d February 27 <sub>9</sub>	Department of State)

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Filing Fee: \$25.00