

L12000070791

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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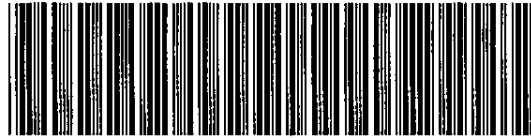
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
12 SEP 20 AM 11:09

SEP 21 2012

T. HAMPTON

COVER LETTER

TO: Registration Section
Division of Corporations

MAHADEV FOOD MART LLC

SUBJECT: _____
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:

HETAL PATEL

Name of Person

Firm/Company

2680 NORTH ORANGE BLOSSOM TRAIL

Address

KISSIMMEE, FLORIDA, 34744

City/State and Zip Code

stopandgo2680@yahoo.com

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

For further information concerning this matter, please call:

HETAL PATEL

Name of Person

at (407)

933-4250

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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
MAHADEV FOOD MART LLC**

FILED
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DIVISION OF CORPORATIONS

12 SEP 20 AM 11:09

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

MAY 25, 2012

The Articles of Organization for this Limited Liability Company were filed on 05/25/2012 and assigned
Florida document number 120000970791.

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:

HETAL PATEL

New Registered Office Address:

2680 NORTH ORANGE BLOSSOM TRAIL
Enter Florida street address

KISSIMMEE

, Florida

34744
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.

H. A. Patel.

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>
MGRM	KAMLESH PATEL	2680 N OBT KISSIMMEE, FLORIDA, 34744	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	HETAL PATEL	2680 N ORANGE BLOSSOM TRAIL KISSIMMEE FLORIDA 34744	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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, 18, 2012

H. A. Patel
Signature of a member or authorized representative of a member

Typed or printed name of signee
HETAL PATEL

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DIVISION OF CORPORATIONS
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