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EXAMINER

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COVER LETTER

Division of Cor				
SUBJECT:	ast on the Name of Limi	Go Mini MART ited Liability Company	L.L.C.	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Ange	Pla Doy 15 Name of Person		
		Firm/Company		
	12941 N.	florida ave	AS PAGE	
	Tampa	City/State and Zip Code	2212 BCT - I	7
	dominic Divens E-mail address: (To be used for future annual report notifica		E
For further information c	concerning this matter, please of	all:	ALE ALE	
Dominic Rame o	DIVENS f Person	at (113) 475 - 26 Area Code & Daytime T	2 70 Celephone Number	
Enclosed is a check for the	he 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

(A Flo	orida Limited Liability Co	ompany)			
The Articles of Organization for this Limited Liabi Florida document number <u>L12-000105</u>	ility Company were filed	d on Ougu	15t 16,20	0/ 2 and as	ssigned
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liability comp	oany here:			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limited Liabilit	ty Company," the	designation "L	LC" or the	abbreviation
Enter new principal offices address, if applicabl	le:		: K	ें हि	MERCES No.
(Principal office address MUST BE A STREET A	ADDRESS)		ASO		-
Enter new mailing address, if applicable:				PM	
(Mailing address MAY BE A POST OFFICE BO	<u></u>		D _A	1 ==	
B. If amending the registered agent and/or registered agent and/or the new registered office Name of New Registered Agent: New Registered Office Address:		AVIS Paris Enter Flori	S+. ida street addr	ess	
-	Tampa		_, Florida	336 Coa	04 ie
New Registered Agent's Signature, if changing Regi	istered Agent:				

If Changing Registered Agent, Signature of New 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Dominic Bivens	1270 East Paris St. Tampa, FL. 33604	Add Remove
M <u>GRM</u>	Angela Davis	1220 East Paris St. Tampa, FL: 33604	Add Remove
			Add Remove
			Add Remove
			Add
D. If amendi	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessary)	Remove
			
	10 play 277 2 p		_ _
Dated So	na Br	r or authorized representative of a member	
-	Ange Typed	or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00

	
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	I Dominic Bivens Are Authorizing Ms Angela Daviss To take over my Company name as stands as Fast on the go mini mart in regards I no longer wont my name as Mr Dominic Bivens as stands to Appear thanks and thank you.
	To take over my company name as stands
	as fast on the go mini mart in regards I no longer
	wont my name as Mr Dominic Bivens as stands to
•	Appear thanks and thank you.
	Signed: Dan Ban
	<u> </u>
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	DA
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