

L13000020871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500251273045

09/03/13--01010--010 \*\*25.00

FILED  
2013 SEP -3 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP - 4 2013

J. BRYAN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NEW PORT RICHEY C Store  
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:

Nizar Hemani  
Name of Person  
NEW PORT RICHEY C Store  
Firm/Company  
2441 Seven Springs Blvd.  
Address  
NEW PORT RICHEY, FL 34655  
City/State and Zip Code  
NICKHEMANI@gmail.com  
E-mail address: (to be used for future annual report notification)

FILED  
2013 SEP -3 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nizar Hemani at (407) 234-0647  
Name of Person 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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

New Port Richey C Store  
(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 2/08/2013 and assigned Florida document number L13000020871.

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 "LLC."

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)

FILED  
2013 SEP -3 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

NIZOR HEMANI

New Registered Office Address:

2411 Seven Springs Blvd.

*Enter Florida street address*

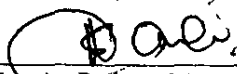
NEW PORT RICHEY  
City

Florida

34055  
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 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	Karim Hemani	1445 Stargazer Terrace	<input type="checkbox"/> Add
		Sanford, FL 32771	<input checked="" type="checkbox"/> Remove
MGRM	Nizar Hemani	2441 Seven Springs Blvd	<input checked="" type="checkbox"/> Add
		NCIV Port Richey, FL 34655	<input 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

FILED  
2013 SEP -3 PM 4:18  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated August 30<sup>th</sup> 2013



Signature of a member or authorized representative of a member

NIZAR Hemani

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

FILED  
2013 SEP -3 PM 4:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA