

U3000048472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

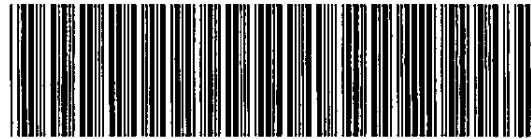
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400291076674

10/11/16--01028--003 **30.00

OCT 12 2016

S. YOUNG

16 OCT 11 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW START CNVENIENCE STORES LLC

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:

GHAZANFAR MAHMOOD

Name of Person

NEW START CONVENIENCE STORES LLC

Firm/Company

1706 E SEMORAN BLVD SUITE 126

Address

APOPKA FLORIDA 32703

City/State and Zip Code

NEWSTARTOG@GMAIL.COM

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

For further information concerning this matter, please call:

TRACEY STEPHENSON

407 415-6334

Name of Person

at (_____) _____
Area Code

Daytime Telephone Number

Enclosed is a check for the 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

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 OCT 11 PM 1:49

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

NEW START CONVENIENCE STORES LLC

(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 04/02/2013 and assigned
Florida document number L13000048472.

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 contain 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)

1706 E SEMORAN BLVD SUITE 126

APOPKA FLORIDA 32703

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1706 E SEMORAN BLVD SUITE 126

APOPKA FLORIDA 32703

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	GHAZANFAR MAHMOOD	1706 E SEMORAN BLVD ST 126	<input type="checkbox"/> Add
		APOPKA FL 32703	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AZIZ HASSAN	1910 PACIFIC AVENUE	<input type="checkbox"/> Add
		SUITE 17060	<input checked="" type="checkbox"/> Remove
		DALLAS TX 75201	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
SECRETARY OF FLORIDA
TALLAHASSEE, FLORIDA
16 OCT 11 PM 4:49

16 OCT 11 PM 11:43

RECEIVED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
OCT 11 PM 1:49

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated OCTOBER 5, 2016

Conrad M.

Signature of a member or authorized representative of a member

GHAZANFAR MAHMOOD

Typed or printed name of signee