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EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations

C-STORE ENTERPRISES, 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:

Stephen M. Stone, Esquire

Name of Person

Law Offices of Stephen M. Stone

Firm/Company

725 N. Magnolia Avenue

Address

Orlando, Florida 32803

City/State and Zip Code

smstonelaw@cfl.rr.com

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

For further information concerning this matter, please call:

Stephen M. Stone, Esq.

<u>,,</u>407,423-7910

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ERPRISES, LLC	-1-
(Name of the Limited Liability Comp. (A Florida Limited	Liability Company)	<u>'ds.</u>)
The Articles of Organization for this Limited Liability Compan	y were filed on May 17, 2013	and assigned
Plorida document numberL13000072310		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
, , , , , , , , , , , , , , , , , , , ,		
The new name must be distinguishable and end with the words "Lim L.L.C."	nited Liability Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		7 22
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inter new mailing address, if applicable:		S
Mailing address MAY BE A POST OFFICE BOX)		T = -
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3. If amending the registered agent and/or registered of		enter the name of the ne
egistered agent and/or the new registered office address he	<u>re</u> :	
Name of New Registered Agent:	•	
New Registered Office Address:		
	Enter Florida street address	
	, Floi	rida
	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 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>	Name	Address	Type of Action
MGRM	PATEL, DEVESH	1212 E. Silverstar Road	Add
		Ocoee, Florida 34761	Remove
		,	-
			_
			Add
			Remove
		TALLAHASSEE. TORIC	Add
		7:	- 86 _
			Remove
			Add
			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	·			
Dated	October 3 2013			
- Duite				
	Signature of a member or authorized representative of a member			
	Stephen M. Stone, Esquire, corporate representative			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00

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