

L13000 161231

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

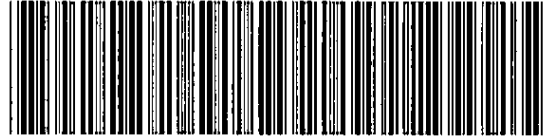
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/13/19--01006--034 **25.00

2019 JUL 13 PM 12:14

Amend

JUL 12 2019

I ALBRITTON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: E-Z DISCOUNT LIQUOR, 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:

RICHARD A BOYKO, EA

Name of Person

WHITE DOVE BUSINESS & FINANCIAL SERVICES, INC.

Firm/Company

11720 US 19, SUITE 6

Address

PORT RICHEY, FL 34668

City/State and Zip Code

RABOYKO@WHITEDOVEINC.NET

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

For further information concerning this matter, please call:

RICHARD A BOYKO, EA

727 808-5427
at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 28, 2019

RICHARD A. BOYKO, EA
WHITE DOVE BUSINESS & FINANCIAL SERVICES
11720 US 19 - STE. 6
PORT RICHEY, FL 34668

SUBJECT: E-Z DISCOUNT LIQUOR, LLC
Ref. Number: L13000161231

We have received your document for E-Z DISCOUNT LIQUOR, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The first page is missing.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 719A00013223

RECEIVED

2019 JUL 10 AM 9:51

STATE OF FLORIDA

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

E-Z DISCOUNT LIQUOR, LLC

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

2019-01-10 PM 12:14

The Articles of Organization for this Limited Liability Company were filed on 11/18/2013 and assigned
Florida document number L13000161231.

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)

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: HARIKRISHNALAL PANJABAKORODA

New Registered Office Address: 7188 ROYAL OAK DRIVE
Enter Florida street address

SPRING HILL, Florida 34607
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

Attending 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>
HMGRM	SUDHA GROVER	7188 ROYAL OAK DRIVE SPRING HILL, FL 34607	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	HARIKRISHNALAL PANJABIKARODA	7188 ROYAL OAK DRIVE SPRING HILL, FL 34607	<input checked="" 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
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

E. Effective date, if other than the date of filing: _____ (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated June 17, 2019

HARIKRISHNALAL PANJABIKARODA

Page 3 of 3

Filing Fee: \$25.00