

L14 000065650

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

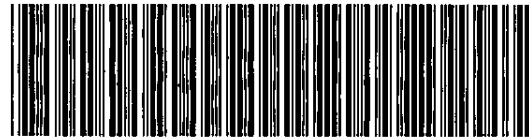
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/07/14--01003--007 **80.00

05/07/14 10:00
BOSTICK

B. BOSTICK
MAY 14 2014
EXAMINER



May 2, 2014

Florida Department of Revenue
Division of Corporations
P O Box 6327
Tallahassee, FL 32314

Dear Department:

The check enclosed, #1079, made payable to you for the amount of \$80.00 is for the 3 enclosures.

- | | |
|--|---------|
| 1. Articles of Amendment for L14000065650 | \$30.00 |
| 2. Resignation of Member for L14000065650 | 25.00 |
| 3. 2 nd Resignation of Member for L1400065650 | 25.00 |

We appreciate your expediency of these enclosed documents as Mr. Rivas wishes to open this business as soon as possible.

Sincerely,

A handwritten signature in cursive script, appearing to read "Patricia Cramer".

Patricia Cramer
Accountant

05/03/14 1:11:10 PM

05/03/14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Brother's Food Mart 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:

Asif S Khan

Name of Person

Sunstate Acctg & Tax Svcs PA

Firm/Company

6925 112th Circle Suite 102

Address

Largo FL 33773

City/State and Zip Code

Patricia@SunstateCPA.COM

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

For further information concerning this matter, please call:

Patricia Cramer

Name of Person

at (727) 548-4400

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

2011-07-17 10:00:00

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

Brother's Food Mart 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 04/22/2014 and assigned
Florida document number L14000065650.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2011
APR 22
7
P.O. BOX
50

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:

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Juan M Rivas	1724 Thomas Drive	<input checked="" type="checkbox"/> Add
		Clearwater FL 33759	<input type="checkbox"/> Remove
MGMR	Judd Rivas	1875 East Bay Drive	<input type="checkbox"/> Add
		Largo FL 33771	<input checked="" type="checkbox"/> Remove
MGMR	John Rivas	1875 East Bay Drive	<input type="checkbox"/> Add
		Largo FL 33771	<input checked="" 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

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

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

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated May 2, 2014



Signature of a member or authorized representative of a member

Juan M Rivas

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2014-05-07 10:13:50