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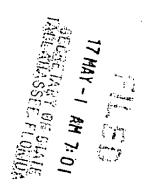
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COVER LETTER

TO: Registration Se Division of Cor			
Luchy C-	Store LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	M.D. Rahman		
	<u> </u>	Name of Person	
	Luchy C-Store LLC		
		Firm/Company	
	3635 74th Street North		
		Address	· · · · · ·
	St. Petersburg, FL 33710		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	rahman.usf@gmail.com		
	E-mail address: (I	o be used for future annual report notif	ication)
For further information c	oncerning this matter, please ca	all:	
Abdul Khoja		727 455-6010 at ()	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

Luchy C-Store LLC			
(Name of the Lim	ited Liability Compa (A Florida Limited	any as it now appears on Liability Company)	our records.)
The Articles of Organization for this Limited I		were filed on09/0	and assigned
Florida document number L14000139514	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name	of the limited liab	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the design	ation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		3635 74th Street No	rth
(Principal office address MUST BE A STREET ADDRESS)		St. Petersburg, FL	33710
			200
Enter new mailing address, if applicable:			TO MAY
(Mailing address MAY BE A POST OFFICE	BOX)		SS - C
		 -	77 3 200
			8 7 7
B. If amending the registered agent and registered agent and/or the new registered of			records, enter the name of the ne
		_	
Name of New Registered Agent:	M.D. Rahman		
New Registered Office Address:	3635 74th Stree	et North	
-		Enter Florida s	reet address
	St. Petersburg,		, Florida 33710
		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>	Address	Type of Action
AMBR	Aslam Khoja	6401 Central Ave., St. Petersburg, 1	Add
			■ Remove
			☐ Change
MGR	Abdul Khoja		■ Add
			☐ Remove
			☐ Change
			□ Add
			Remove
			☐ Change
			Add
			☐ Remove
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ective date, if other than t	ne date of filing: nust be specific and cannot be prior to date of filing	(optional)	020
te: If the date inserted in this	block does not meet the applicable statutory	filing requirements, this date will not be listed	ed a
sument's effective date on the	Department of State's records.		
record specifies a delay	ed effective date, but not an effective	ve time, at 12:01 a.m. on the earlie	er (
The 90th day after the re	ecord is filed.	ve time, at 12.01 a.m. on the carre	C1 C
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ted May I	Signature of a member or authorized representa		

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Filing Fee: \$25.00