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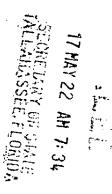
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

TO:	Registration Se Division of Cor			
CUD.		C-STORE LLC		
SUB	JECT:	Name of Lim	ited Liability Company	
The e	enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Pleas	se return all correspo	ndence concerning this matter	to the following:	
		M.D. RAHMAN		
			Name of Person	
		LUCHY C-STORE LLC		
		.	Firm/Company	
		3635 74th Street N.		
			Address	
		St. Petersburg, FL 33710		
			City/State and Zip Code	
		rahman.usf@gmail.com		
		E-mail address: (to be used for future annual report notification) ·
For fi	urther information c	oncerning this matter, please ca	all:	
Geor	rge Pappas		727 447-4999 at ()	·
	Name o	f Person	Area Code Daytime Telep	hone Number
Enclo	osed is a check for th	e following amount:		
S	\$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

(Name of the Limited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)
he Articles of Organization for this Limited Liability Company lorida document number	were filed on and assigned
his amendment is submitted to amend the following:	
. If amending name, enter the new name of the limited liab	ility company here:
ne new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	<u> </u>
rincipal office address MUST BE A STREET ADDRESS)	
	17 T
A	MAY 2.
ter new mailing address, if applicable:	
ailing address MAY BE A POST OFFICE BOX)	The state of the s
	<u> </u>
If amending the registered agent and/or registered ogistered agent and/or the new registered office address her	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Lines 1 tortua sireet tatai ess
	, Florida
	City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

LUCHY C-STORE LLC

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
MGR	M.D. RAHMAN	3635 74TH ST. N., ST. PETERSBULL, ₹L 33710	🖪 Add
			□ Remove
			□ Change
			□ Remove
			Change
			□ Add
			Remove
			_□ Change
		 	_□ Add
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fective date, if other	than the date of filing:	(optional)
		ing or more than 90 days after filing.) Pursuant to 605.020 ry filing requirements, this date will not be listed a
ocument's effective date	on the Department of State's records.	
	deleved effective data but not an office	stive time at 17,01 a.m. on the carlier
The 90th day after	the record is filed.	ctive time, at 12:01 a.m. on the earlier of
May 19	2017	
ated	Signature of a member or authorized represe	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00