

#L14000147158

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

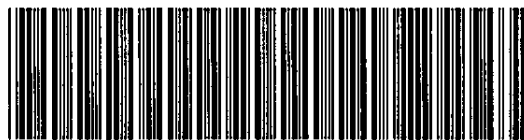
(Business Entity Name)

(Document Number)

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CLERK OF COURT
TALLAHASSEE, FL 09101

K. S. LY
EXAMINER
OCT 31 2014



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 29, 2014

ETHIO DISCOUNT FOOD STORE, LLC
ZEWDENEH KASSA
2610 N MYRTLE AVE.
JACKSONVILLE, FL 32209

SUBJECT: ETHIOPI DISCOUNT FOOD STORE, LLC
Ref. Number: L14000147158

We have received your document for ETHIOPI DISCOUNT FOOD STORE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 414A00023183

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Incorrect Spelling of Corporation Name
Name of Corporation

DOCUMENT NUMBER: L14000147158

The enclosed Articles of ~~Correction~~ and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Zewdenesh Kassa

Name of Contact Person

Ethio Discount Food Store, LLC

Firm/Company

2610 N. Myrtle Avenue

Address

Jacksonville, Floeida 32209

City/State and Zip Code

ethiozk@comcast.net

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

For further information concerning this matter, please call:

Zewdenesh Kassa

Name of Contact Person

at (**904**) **504-2539**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$35.00 Filing Fee

☐ \$43.75 Filing Fee & Certificate of Status

☐ \$43.75 Filing Fee & Certified Copy

☐ \$52.50 Filing Fee, Certificate of Status & Certified Copy

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ETHIOPI DISCOUNT FOOD STORE 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 SEPTEMBER 19, 2014 and assigned
Florida document number L14000147158

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

ETHIO DISCOUNT FOOD STORE, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2610 N MYRTLE AV
JACKSONVILLE FL
ZIP 32209

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

City

Florida

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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 10-30-14



Signature of a member or authorized representative of a member

KASSA ZEWDENAH

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

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