

LISOUWA91787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

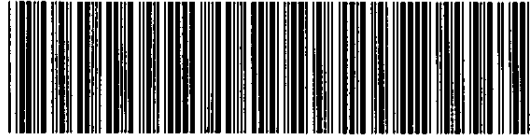
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200273601872

06/08/15--01049--011 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN -8 AM 4:07
TALLAHASSEE, FLORIDA

JUN 09 2015

S MASON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DONNAFIA FOOD BUSINESS 1 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:

MOTIULLAH BABURI

Name of Person

DONNAFIA FOOD BUSINESS 1 LLC

Firm/Company

2022 N MAIN STREET

Address

KISSIMMEE FL 34741

City/State and Zip Code

bmonti03@gmail.com

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

For further information concerning this matter, please call:

MOTIULLAH BABURI

973

618-6672

Name of Person

at ()

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

FILED
15 JUN -8 AM 4:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

DONNAFIA FOOD BUSINESS 1 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 05/26/2015 and assigned
Florida document number L15000091787.

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: _____

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.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN 30 PM 4:07
TALLAHASSEE, FLORIDA

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>	<u>Address</u>	<u>Type of Action</u>
MGR	MOTIULLAH BABURI	2022 N MAIN STREET	<input type="checkbox"/> Add
		KISSIMMEE FL 34741	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HOSANNA HOLDING CORP	13312 HALKYN PT	<input type="checkbox"/> Add
		ORLANDO FL 32822	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DONNAFIA FOOD BUSINESS LLC	2022 N MAIN STREET	<input checked="" type="checkbox"/> Add
		KISSIMMEE FL 34741	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input 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
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
15 JAN - 8 PM 4:07
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

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.

(b) The 90th day after the record is filed.

W. W.

Typed or printed name of signee

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
15 JUN -8 AM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA