

L16000063049

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

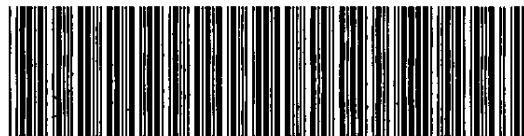
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FILED
2016 JUN -9 PM 7:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

M. MILLIGAN
EXAMINER

JUN 15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PAREKH GROCER 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:

MOHAMMAD A. PAREKH

Name of Person

PAREKH GROCER LLC

Firm/Company

7471 SIMMS STREET

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

parekhmax@gmail.com

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

For further information concerning this matter, please call:

MOHAMMAD A. PAREKH

954 688-9702
at (_____) _____

Name of Person

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

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

PAREKH GROCER LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/29/2016 and assigned
Florida document number L16000063049.

This amendment is submitted to amend the following:

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

N/A

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

N/A

(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:

N/A

New Registered Office Address:

N/A

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 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>
MGRM	MOHAMMED H. WARAND	741 SW 64TH TERR	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	ZULEKHA B. WARAND	741 SW 64TH TERR	<input checked="" type="checkbox"/> Add
		PEMBROKE PINES, FL 33023	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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TALLAHASSEE
FLORIDA
CLERK OF CIRCUIT COURT

N/A

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated JUNE 7, 2016

Mohammad A. Parekh

Signature of a member or authorized representative of a member

MOHAMMAD A. PAREKH

Typed or printed name of signee

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TALLAHASSEE FLORIDA