

L17000150479

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

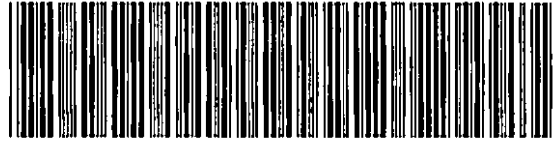
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TALLAHASSEE FLORIDA

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D. BRUCE
APR 08 2019

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: JSR FOOD AND PETROLEUM L.L.C.

Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

MD AZIZ RAHAMAN

Name of Person

JSR FOOD AND PETROLEUM L.L.C.

Firm/Company

22911 STATE RD 54.

Address

LUTZ, FL-33549

City/State and Zip Code

AZIZRAHAMAN82@YAHOO.COM

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

For further information concerning this matter, please call:

MD AZIZ RAHAMAN

954
at ()

588-4658

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

JSR FOOD AND PETROLEUM L.L.C

(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 07/13/2017 and assigned
Florida document number L17000150479.

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:

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.

N/A

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	MD ISLAM	5162 NE 6TH AVENUE, APT#302	<input type="checkbox"/> Add
		OAKLAND PARK, FL-33334	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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2009 MAR 29 PM 1:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

2019 MAR 29 PM 1:34
SECURITY OF STATE
TALLAHASSEE FLORIDA

2019 MAR 29 PM 1:34
CLERK OF SUPREME COURT
TALLAHASSEE FLORIDA

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

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

Dated March 18 2019

[Signature]

Signature of a member or authorized representative of a member

MD Aziz Zahman.

Typed or printed name of signee