

L18000151614

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2018 SEP 17 PM 1:20
SECRETARY OF STATE
FILING ASSISTANT

FILED

M. MILLIGAN

SEP 26 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

SEE ATTACHED

REPLACEMENT
APPLICATION

September 5, 2018

HEAT FOOD STORE, DOLLAR & BEAUTY SUPPLY 1, LLC
1936 PALM AVE
FT MYERS, FL 33916

SUBJECT: HEAT FOOD STORE, DOLLAR & BEAUTY SUPPLY 1, LLC
Ref. Number: L18000151614

We have received your document for HEAT FOOD STORE, DOLLAR & BEAUTY SUPPLY 1, 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):

The form you submitted is for a Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

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.

Michelle Milligan
Senior Section Administrator

Letter Number: 618A00018328

2018 SEP 11 AM 10:21
VFP
18328

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HEAT FOOD STORE DOLLAR 'E BEAUTY SUPPLY 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:

DILIP DAS
Name of Person

HEAT FOOD STORE DOLLAR 'E BEAUTY SUPPLY 1, LLC
Firm/Company

1936 PALM AVE
Address

FORT MYERS FL 33916
City/State and Zip Code

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

For further information concerning this matter, please call:

DILIP DAS at (786) 344-6308
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)

↓ ALREADY PAID.

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

FILED

2018 SEP 17 PM 1:20

SECRETARY OF STATE

HEAT FOOD STORE DOLLAR & BEAUTY SUPPLY I, 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 6/20/18 and assigned
Florida document number L18000151614

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.

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>
S, T	TARIQ M. KHAN	1936 PALM AVE	<input type="checkbox"/> Add
		FORT MYERS, FL 33916	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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8/1/18

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.

Dated 8/13, 2018

Signature of a member

Signature of a member or authorized representative of a member

DILIP C. DAS

Typed or printed name of signee

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FBI - ALABAMA

— paid already.