

L190000 74142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

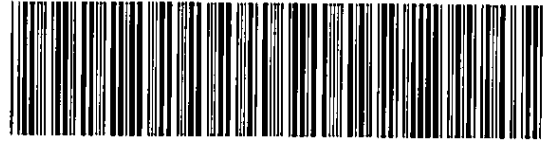
(Business Entity Name)

(Document Number)

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19 AUG 19 PM 2:30  
CLERK OF STATE  
OFFICE OF CORPORATIONS

*Amend*

AUG 28 2019

D CUSHING

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TRUCK STOP 75 RESTAURANT, 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:

Timur Rakhmatov

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

14197 S US Highway 441

\_\_\_\_\_  
Address

Lake City, FL 32024

\_\_\_\_\_  
City/State and Zip Code

accounting@shuttletruckstop.com

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

For further information concerning this matter, please call:

Timur Rakhmatov

850 356-9833  
\_\_\_\_\_  
at ( )  
Area Code Daytime Telephone Number

\_\_\_\_\_  
Name of Person

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 APR 19 PM 2:30

19 AUG 19 PM 2 30  
FEDERAL BUREAU OF INVESTIGATION  
U.S. DEPARTMENT OF JUSTICE  
RECEIVED  
ASSIGNED

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

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	TRUCK STOP HOLDINGS, LLC	14197 S US HIGHWAY 441	<input type="checkbox"/> Add
		STE 105	<input type="checkbox"/> Remove
		LAKE CITY, FL 32024	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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**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 AUGUST 14

*[Signature]*

Sardorhek Isometolinov

Typed or printed name of signee