

L21000452874

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

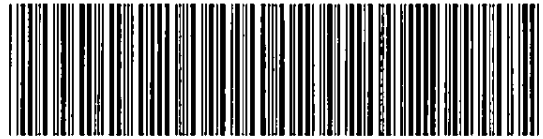
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 29, 2024

KARIM KHAIBOULIN  
1400 LOCUST STREET NORTHEAST  
ST. PETERSBURG, FL 33704

SUBJECT: KHAIBOULLIN CAPITAL LLC  
Ref. Number: L21000452874

We have received your document for KHAIBOULLIN CAPITAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The articles of amendment are incomplete. Please resend with pages 2 and 3 of the articles of amendment.

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) 245-6052.

Jessica A Fason  
Regulatory Specialist III

Letter Number: 724A00016656

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TALLAHASSEE, FL  
DIVISION OF STATE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: khaiboullin capital 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:

karim khaiboullin

Name of Person

khaiboullin capital llc

Firm/Company

1400 locust st ne

Address

St. Petersburg, FL 33704

City/State and Zip Code

karim@functionretail.com

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

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TALLAHASSEE, FL

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For further information concerning this matter, please call:

karim khaiboullin

941

209-8883

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

khaiboullin capital llc

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

**FILED**  
2024 SEP 17 AM 11:22  
CLERK OF STATE  
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 10/18/2021 and assigned  
Florida document number L21000452874.

This amendment is submitted to amend the following:

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

function retail llc

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:

1400 Locust St. NE, St. Petersburg, FL 33704

**(Principal office address MUST BE A STREET ADDRESS)**

no change

Enter new mailing address, if applicable:

1400 Locust St. NE, St. Petersburg, FL 33704

**(Mailing address MAY BE A POST OFFICE BOX)**

no change

**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:

no amendment

New Registered Office Address:

no change

*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>
		no amendment	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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COUNTY OF ST. JAMES  
TALLAHASSEE, FL

**D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)**

no amendment

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TALLAHASSEE, FL

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(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)

**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.

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 9-17, 2014

Karim Khaiboullin

Signature of a member or authorized representative of a member

Karim Khaiboullin

Typed or printed name of signee