## L22-000376386

(Requestor's Name)
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(Only, old on Elph, Florida, )
PICK-UP WAIT MAIL
(Business Entity Name)
, ,
(Document Number)
Certified Copies Certificates of Status
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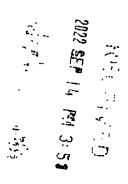
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2 SEP 14 PH 12: 2



FLORIDA CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINER'S INITIALS:\_\_\_\_\_

Please use funds from Account: 120210000160 A Authorization Signature:	L22000376386
Business	Document #
Walk in	Pick up time
Mail out	Will wait
Photocopy	
Certified Copy (s) of Articles	
Certificate of Status	
<u>NEW FILINGS</u>	<u>AMMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other CORP	X_AmendmentResignation of R.A. Officer/DirectorChange of Registered AgentDissolution/WithdrawalMergerConversionArticles of Conversion
OTHER FILINGS	REGISTRATION/QUALIFICATIONS
Annual ReportFictitious NameARTICLES OF CORRECTION	Foreign filingLimited Partnership Reinstatement
APOSTIL()Country	Other

_	pe ID: 8DE355I	BD-B211-46F1-AF1D-92DA3AAB9	COVER LETTER	
TO: Re				
oup in or	220 W New	Haven 29373 LLC		
SUBJECT:		Name of Lim	ited Liability Company	
The enclose	d Articles of /	Amendment and fee(s) are sub	mitted for filing.	
Please return	n all correspor	ndence concerning this matter	to the following:	
		Rocio Bruni		
			Name of Person	<del>,</del>
	Registration Securities of Consider Programme of Consider Programm	Nishad Khan, P.L.		
		****	Firm/Company	
		Name of Limited Liability Comp  of Amendment and fee(s) are submitted for filing.  Tondence concerning this matter to the following:  Rocio Bruni  Name of Per  Nishad Khan, P.L.  Firm/Compa  1303 N. Orange Ave.  Address  Orlando, FL 32804  City/State and Zi  rocio@nishadkhanlaw.com  E-mail address: (to be used for future concerning this matter, please call:  of Person  at (407  Area Co  the following amount:  S30.00 Filing Fee & S55.00 Filing Certificate of Status  Certificate of Status  Sess: Section Corporations		
			Address	
		Orlando, FL 32804		
			City/State and Zip Code	
For further i	information co			otification)
Rocio Brun	i			
	Name of	Person	Area Code Dayt	ime Telephone Number
		☐ \$30.00 Filing Fee &	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclos
			Street Address: Registration S	Section
Di	vision of Co	orporations	Division of C	orporations
Ρo	O. Box 632	7	The Centre of	f Tallahassee

Tallahassee, FL 32314

2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303

DocuSign Envelope ID: 8DE355BD-B211-46F1-AF1D-92DA3AAB921D

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2022 SEP 14 PM 12: 29

220 W New Haven 29373 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 8/26/2022 Florida document number <u>L2200</u>0376386 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 "L.L.C." or the abbreviation "L.L.C." 220 West New Haven Ave., Melbourne, FL 32901 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

## 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.

Citv

\_\_\_\_, Florida \_\_\_

DocuSign Envelope ID: 8DE355BD-B211-46F1-AF1D-92DA3AAB921D 11 amending Authorized rerson(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>	Address	Type of Action
AR	Nishad Khan	1303 N. Orange Ave., Orlando, FL 32804	□Add
			≣Remove
			□Change
MGR	Nekpal Singh	220 West New Haven Ave., Melbourne, Fl. 32901	<b>=</b> Add
			□Remove
			□Change
MGR	Randhir Singh	220 West New Haven Ave., Melbourne, FL 32901	<b>=</b> Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			Remove
			Change
			🗆 Add
			□Remove
			∏Change

Business Purpose: The activities	s of this Company are confined exclusive	ely to the operation of one or more 7-	Elever
in accordance with one or more	7-Eleven Store Franchise Agreements.		
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tive date, if other than the da	te of filing:	(optional)	
ffective date is listed, the date must be If the date inserted in this block	tte of filing:  specific and cannot be prior to date of filing of the control of the con	or more than 90 days after filing.) Pursuant	to 605.0
ment's effective date on the Depa		g	02 /1012
rd specifies a delayed effective d îled.	ate, but not an effective time, at 12:01 a.	m. on the earlier of: (b) The 90th da	y after
September 13	2022		
September 13  Docusigned by:  Niskad Khan			
Niskad Khan			

Typed or printed name of signee