

# L2300003/8568

Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : EXPRESS BUSINESS & TAX SERVICES INC  
Account Number : I20220000138  
Phone : (786)239-9353  
Fax Number : (305)675-8455

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ATLANTIC FOODMART LLC

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K. SALY

DEC - 5 2023

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ATLANTIC TRUCKSTOP 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:

SHAHINAWAZ KHAN

Name of Person

ATLANTIC TRUCKSTOP LLC

Firm/Company

13611 S TAMiami TRAIL

Address

FORT MYERS, FL 33912

City/State and Zip Code

AIMET@EXPRESSTAXSVCS.COM

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

For further information concerning this matter, please call:

SHAHINAWAZ KHAN 786 239-9353  
Name of Person at ( ) 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**

ATLANTIC FOODMART 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 07/05/2023 and assigned Florida document number L23000318568.

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)

4101 HANCOCK BRIDGE PKWY

NORTH FORT MYERS, FL 33903

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4101 HANCOCK BRIDGE PKWY

NORTH FORT MYERS, FL 33903

**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:

SHAHNAWAZ KHAN

New Registered Office Address:

4101 HANCOCK BRIDGE PKWY

*Enter Florida street address*

NORTH FORT MYERS

Florida 33903

*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.*

*Shahnawaz Khan*

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CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

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>
AMBR	SHAHINAWAZ KHAN	4101 HANCOCK BRIDGE PKWY	<input type="checkbox"/> Add
		NORTH FORT MYERS, FL 33013	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	SAMUEL GILAMARIAM ABAY	4101 HANCOCK BRIDGE PKWY	<input checked="" type="checkbox"/> Add
		NORTH FORT MYERS, FL 33903	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NILAM RAMCHANDANI	4704 HIBBS GROVE TERR	<input type="checkbox"/> Add
		COOPER CITY, FL 33330	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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