

L04000029494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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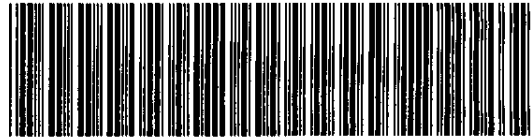
Special Instructions to Filing Officer:

**A. LUNT**

NOV 22 2011

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FANTOOSH USA 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:

NADIR PUNJANI  
Name of Person

FANTOOSH USA  
Firm/Company

3780 TAMPA RD. # 201  
Address

OLDSMAR FL 34677  
City/State and Zip Code

NADIR@FANTOOSH.U.S.  
E-mail address. (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

NADIR PUNJANI at 239 248 7007  
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/COURIER ADDRESS:  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

FANTOOSH USA 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 04/16/2004 and assigned  
Florida document number L04000029494

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 end with 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**)

FANTOOSH USA LLC

3780 TAMPA RD #201

OLDSMAR FL 34677

Enter new mailing address, if applicable:

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

FANTOOSH USA LLC

PO BOX 341526

TAMPA FL 33694

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:

NIADIR PUNJANI

New Registered Office Address:

3780 TAMPA RD #201

Enter Florida street address

OLDSMAR

Florida

34677

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 608, 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.

NIADIR PUNJANI  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	NADIR PUNJANI	3780 TAMPA RD #201 OLDSMAR FL 34697	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PARVEEN PUNJANI	3780 TAMPA RD #201 OLDSMAR FL 34697	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PAVEL VASSILIEV	9648 W LINEBACH AVE TAMPA FL 33626	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

11/16/2011

Signature of a member or authorized representative of a member

NADIR PUNJANI

Typed or printed name of signee

FILED  
NOV 21 PM 3:40  
TALLAHASSEE FLORIDA  
SECRETARY OF STATE