

L06000082913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

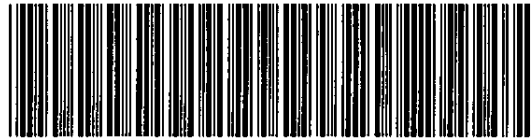
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500082280875

12/06/06--01021--009 **25.00

FILED
06 DEC -6 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TAMPA MANHATTAN 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:

NIMESH N. PANCHIGAR
(Name of Person)

TAMPA MANHATTAN, LLC
(Firm/Company)

5915 Jaeger Glen Dr.
(Address)

Lithia FL 33547
(City/State and Zip Code)

For further information concerning this matter, please call:

SSHAW at (813) 8420345
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

TAMPA MANHATTAN LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 8/22/2006 and assigned document number 206000082913

SECOND: This amendment is submitted to amend the following:

Please add Beeno N. Ponchigar
as Member

FILED
06 DEC -6 AM 11:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated 11/30, 2006.

X Nimesh N. Ponchigar

Signature of a member or authorized representative of a member

Nimesh N. Ponchigar
Typed or printed name of signee

Filing Fee: \$25.00