

LD7000001274

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

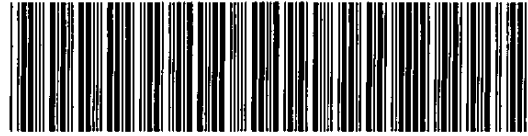
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400116309574

02/04/08--01010--013 \*\*60.00

FILED  
08 FEB -4 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Teji Investments, 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:

**Ratinder Sidhu**  
\_\_\_\_\_  
(Name of Person)

**Teji Investments, LLC**  
\_\_\_\_\_  
(Firm/Company)

**6329 State Road 54**  
\_\_\_\_\_  
(Address)

**New Port Richey, FL 34653**  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Ratinder Sidhu** \_\_\_\_\_ at ( **727** ) **844-5552**  
(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



**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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Sidhu Ratinder	6329 State Road 54 New Port Richey, FL 34653	<input checked="" type="checkbox"/> Add <input 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
			<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 1/18/2007

FILED  
 08 FEB -4 PM 2:22  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

Ratinder Sidhu  
Signature of a member or authorized representative of a member

Ratinder Sidhu  
Typed or printed name of signee