

207000025505

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status

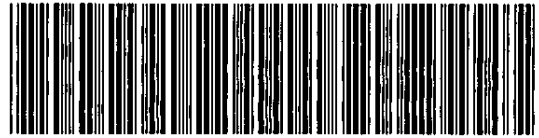
Special Instructions to Filing Officer:

**A. LUNT**

SEP -9 2009

**EXAMINER**

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09/08/09--01031--002 \*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 SEP -8 PM 3:12

FILED

*Law Offices of*  
*Steven Michael LaBret, P.A.*

*226 Hillcrest Street*  
*Orlando, Florida 32801-1243*

LL.M. IN TAXATION  
ALSO ADMITTED IN LOUISIANA  
AND MICHIGAN BARS

PHONE # (407) 422-5819  
FAX # (407) 423-7718  
E-MAIL: Labretpa@cfi.rr.com

September 4, 2009

Dept. of State  
Div. of Corporations  
Corporate Filing  
P.O. Box 6327  
Tallahassee, FL 32314

Re: **Merging Company:** Dove Business, Inc.  
**Surviving Company:** 9East Investments, LLC  
**Location:** 8305 Champions Gate Blvd.  
Davenport, FL 33896  
**Liquor License No:** 59-02064 Series 3PS

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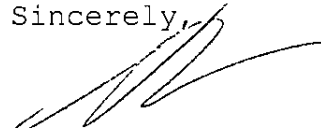
**Our Client:** 9East Investments, LLC  
**Our File No:** 104-S-005 (Mukul Suchde)

Dear Sir/Madam:

Enclosed are the filing fee of \$25.00 and Articles of Amendment  
to Articles of Organization.

Please file the document.

Sincerely,



STEVEN M. LaBRET

SML/aeo  
Encls.



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	MUKUL N. SUCHDE	9720 CAMBERLY CIRCLE ORLANDO, FL 32836	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	STEVE E. PARK	23 HAWTHORN GROVE CIRCLE HAWTHORN WOODS, IL 60047	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
SEC	PREETI M. SUCHDE	9720 CAMBERLY CIRCLE ORLANDO, FL 32836	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 9/07/09

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Mukul N. Suchde

\_\_\_\_\_  
Typed or printed name of signee

2009 SEP -8 PM 3:12  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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