(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
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(Business Entity Name)
(Basilies Ellar, Malle)
(Document Number)
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EXAMINER

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Law Offices of

Steven Michael LaBret, P.A.

226 Hillorest 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@cfl.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 8305 Champions Gate Blvd.

Location:

Dayenport, FL 33896

Liquor License No: 59-02064 Series 3PS

. J9-02004 Berres Drb

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. واستناس المري

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

9 EAST	INVESTMENTS, I	LLC	
(Name of the Limited Liabili (A Florida	ity Company as it now app a Limited Liability Compan	pears on our records.)	
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	MARCH 07, 2007	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	mited liability company	here:	
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Con	mpany," the designation "LI	The Sepreviation
Enter new principal offices address, if applicable:			ASE 1
(Principal office address MUST BE A STREET ADL	ORESS)		8 7 8 T
			F 2
			3: 12 3: 12 BIATE ORIDA
Enter new mailing address, if applicable:			DM 2
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered agent and/or the new registered office ad		n our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			·
		Enter Florida street addre	?\$\$
	T-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	, Florida	
•	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.

If Changing Registered Agent, Signature of New Registered Agent

MGR = Ma MGRM = N	nager Janaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action Add Remove
MGRM	MUKUL N. SUCHDE	9720 CAMBERLY CIRCLE ORLANDO, FL 32836	
MGRM_	STEVE E. PARK	23 HAWTHORN GROVE CIRCLE HAWTHORN WOODS, IL 60047	Add Remove
SEC	PREETI M. SUCHDE	9720 CAMBERLY CIRCLE ORLANDO, FL 32836	Add Remove
			Add Remove
			Add Remove
			Z009 FP
D. If amend	ling any other information, enter ch	nange(s) here: (Attach additional sheets, if necessar	P-8 PH 3: 12 PARY OF STATE ASSEE, FLORIDA
_			
Dated 9	104/09	// ·	

Page 2 of 2

Filing Fee: \$25.00