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NEESHA PATEL

10875 CORY LAKE DR

TAMPA, FL 33647

TO

FLORIDA DEPARTMENT OF STATE

P O BOX 6327

TALLAHASSEE, FL 32314

RE: DOC PATEL, LLC

SEPTEMBER 8TH, 2011

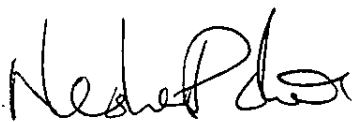
TO WHOM IT MAY CONCERN:

PLEASE FIND ENCLOSED FORM TO AMEND THE MEMBER INFORMATION FOR DOC PATEL LLC.

WE ARE REMOVING KAMAL PATEL AS A MANAGER AND REPLACING WITH NEESHA PATEL AS A MANAGER EFFECTIVE IMMEDIATELY.

SHOULD YOU HAVE ANY QUESTIONS OR CONCERNS, PLEASE CONTACT ME.

REGARDS



NEESHA PATEL

ENC.

I, Neesha Patel, accept the appointment of the Manager for Doc Patel LLC and accept the obligations of this position. My contact address is at top of this letter and my tel # 813 - 380 - 7972

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DOC PATEL 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:

NEESHA PATEL

Name of Person

Firm/Company

10875 CORY LAKE DR

Address

TAMPA, FL 33647

City/State and Zip Code

TALK2KKP@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEESHA PATEL

Name of Person

at (**813**)

300-7972

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**

DOC PATEL 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 10/10/2007 and assigned
Florida document number L07000103387.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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: NEESHA PATEL

New Registered Office Address: 10875 CORY LAKE DR

Enter Florida street address

TAMPA

Florida

City

Zip Code

33647

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.

Neesha Patel
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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KAMAL PATEL	10875 CORY LAKE DR TAMPA FL, 33647	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	NEESHA PATEL	10875 CORY LAKE DR TAMPA FL, 33647	<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

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

Dated SEPTEMBER 8TH, 2011



Signature of a member or authorized representative of a member

NEESHA PATEL

Typed or printed name of signee