

L08000012282

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

APR 16 2013

J. BRYAN

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Bengal Garden 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:

Prabodh C. Patel, Esquire

Name of Person

Straus & Patel, P.A.

Firm/Company

118 West Orange Street

Address

Altamonte Springs, FL 32701

City/State and Zip Code

lpather@strauspatel.com

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

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For further information concerning this matter, please call:

Prabodh C. Patel, Esquire at ( 407 ) 331-5505

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**THE BENGAL GARDEN 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 02/04/2008 and assigned  
Florida document number L08000012282.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

**BENGAL GARDEN LLC**

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)**

11519 Blackmoor Drive

Orlando, FL 32837

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

11519 Blackmoor Drive

Orlando, FL 32837

**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: MD ABDUL BATEN

New Registered Office Address: 11519 Blackmoor Drive

*Enter Florida street address*

Orlando

*City*

Florida ~~32837~~ 32837

*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.*

MD. ABDUL BATEN  
**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>
MGRM	DELWAR HOSAIN	11519 Lake Moor Drive Orlando, FL 32837	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove

MGR	MD ABDUL BATEN	11519 Blackmoor Drive Orlando, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGR	BABUL HAI	11519 Blackmoor Drive Orlando, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGR	MOHAMMED A. RAHMAN	11519 Blackmoor Drive Orlando, FL 32837	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGR	MESBAUR R. TALUKDER	11519 Lake Moor Drive Orlando, FL 32837	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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

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TALLAHASSEE, FLORIDA

Dated April 10, 2013

Signature of a member or authorized representative of a member  
MD ABDUL BATEN MD Abdul Baten  
Typed or printed name of signee

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Filing Fee: \$25.00