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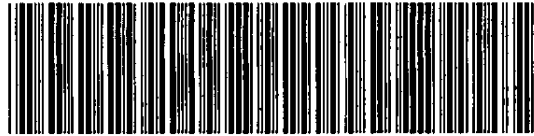
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TALLAHASSEE FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JAY MATADI 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 32714

City/State and Zip Code

spatel@moyerstrauspattel.com

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

For further information concerning this matter, please call:

Prabodh C. Patel, Esq.

Name of Person

at ( 407 )

331-5505

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

JAY MATADI LLC

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TALLAHASSEE, FLORIDA

✓ 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	RINKU S. PATEL	7685 St. Stephens Ct. Orlando, FL 32835	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	JAGAT K. PATEL	7685 St. Stephens Ct. Orlando, FL 32835	<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 November 11, 2009

*Ashok Kumar Patel*

Signature of a member or authorized representative of a member

ASHOK KUMAR PATEL

Typed or printed name of signee

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