

L09000059034

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6393

From: Account Name : EVEREST CONSULTING GROUP LLC
Account Number : I20080000064
Phone : (813) 915-1500
Fax Number : (813) 915-1519

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN**MHBA ENTERPRISES LLC**

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T. HAMPTON

JUL 28 2009

EXAMINER**RECEIVED****09 JUL 27 PM 1:10****SECRETARY OF STATE
TALLAHASSEE, FLORIDA****09 JUL 27 AM 8:18****FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

1090001691223

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MHBA ENTERPRISES 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:

PRASHANT RAJU

Name of Person

EVEREST CONSULTING GROUP LLC

Firm/Company

2901 W BUSCH BLVD, STE 1024

Address

TAMPA, FL 33618

City/State and Zip Code

EVERESTCONSULTINGLLC@GMAIL

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

For further information concerning this matter, please call:

PRASHANT RAJU

Name of Person

at (813)

915-1500

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

14090001691223
**ARTICLES OF AMENDMENT
 TO
 ARTICLES OF ORGANIZATION
 OF**

MHBA ENTERPRISES 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 6/17/09 and assigned
 Florida document number L09000059034.

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:

New Registered Office Address:

Enter Florida street address

_____, 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

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 DIVISION OF CORPORATION
 09 JUL 27 AM 8:18

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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

Title	Name	Address	Type of Action
MGR	QUAMRUN ABEDIN	69 GREEN VALLEY CIR WHITE PLAINS, NY 10607	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated _____

Signature of a member or authorized representative of a member

ISHTIAQUE SIDDIQUE
Typed or printed name of signer

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Filing Fee: \$25.00

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