L090006736

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

NOV 1 \$ 2011

EXAMINER

Office Use Only



900213030389

10/21/11--01015--021 **55.00

SECRETARY OF STATE ALLAHASSEE. FLORIDA

COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	MUBEEN LL	C
	Name of Limited Liability Co	ompany
Dear Sir or M	adam:	
The enclosed	Articles of Correction and fee(s) are submitted for filing	·.
Picase return	all correspondence concerning this matter to the following	ng:
	Mahendra Gunapooti	
	Name of Person	_
	PTM LLC	, _
	Firm/Company	
	4 Pricewoods Lane	
	Address	
	Olivette, MO 63132	<u>~</u>
	City/State and Zip Code	
E-mail a	ddress: (to be used for future annual report notification)	
For further in	formation concerning this matter, please call:	
	at (_)
	Name of Person Area Co	ode & Daytime Telephone Number
Registration S Division of Co Clifton Buildi	orporations ng ve Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a	check for the following amount:	
\$25 Filing	Fee \$30 Filing Fee & Certificate of Status Certified Copy	\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E062 (08	(05)	

COVER LETTER

TO:	Registration of	n Section Corporations	
SUBJI	ECT:	MUBEEN L	LC
		Name of Limited Liability	Company
Dear S	ir or Madam:		
The er	iclosed Article	es of Correction and fee(s) are submitted for fili	ng.
Please	return all corr	respondence concerning this matter to the follow	ving:
		Mahendra Gunapooti	
		Name of Person	
		PTM LLC Firm/Company	
		, .	
		4 Pricewoods Lane Address	
		Olivette, MO 63132	
		City/State and Zip Code	
	E-mail address	s: (to be used for future annual report notificatio	n)
For fu	rther informat	ion concerning this matter, please call:	
		at ()
	Nε	ame of Person Area	Code & Daytime Telephone Number
Regist Divisi Cliftor 2661 I	ET/COURIE ration Section on of Corpora n Building Executive Cen assee, Florida	tions ster Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclo	sed is a check	for the following amount:	
□\$ 25	Filing Fee	\$30 Filing Fee & Certificate of Status Certified Copy	& [\$60 Filing Fee, Certificate of Status & Certified Copy
CR2E	062 (08/05)		



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 24, 2011

MAHENDRA GUNAPOOTI PTM LLC 4 PRICEWOODS LANE OLILVETTE, MO 63132

SUBJECT: MUBEEN, LLC Ref. Number: L09000067361

We have received your document for MUBEEN, LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers Regulatory Specialist II

Letter Number: 311A00024291

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MUBEEN, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Emitted Elability Company)
The Articles of Organization for this Limited Liability Company were filed onJULY 13,2009 and assigned
Florida document numberL09000067361
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 abbreviatio
"L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address if annihable.
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 Nav. Pagistared Aports
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
Florida Pro
City Zin 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 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** <u>Name</u> <u>Address</u> Type of Action **MGRM** PTM, LLC 4 Pricewoods Lane ✓ Add✓ Remove Olivette, Mo 63132 ☐ Add Remove ☐ Add Remove Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 4 2011 Dated ___ Signature of a number or authorized representative of a member Mahendra Gunapooti Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00