Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : EVEREST CONSULTING GROUP LLC

Account Number : 120080000064 Phonei

: (813)915-1500

Fax Number

: (813)915-1519

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **MEGABHAI LLC**

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Page Count	01
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## **COVER LETTER** TO: Registration Section Division of Corporations **MEGABHAILLC** SUBJECT: 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 E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **PRASHANT RAJU** 915-1500 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: \$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & **]\$**60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

**MAILING ADDRESS:** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, PL 32301 MGRM = Managing Member

MGR = Manager

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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:

Title	<u>Name</u>	· · · · · · · · · · · · · · · · · · ·	Address	Type of Action
MGR	ARCHIE PAZOS		11636 WATERBEND CT WILLINGTON, FL 33414	Add Remove
MGR	ROCK OF DADE CIT	Y LL <b>JC</b> .	14306 7TH ST DADE CITY, EL 33523	☑ Add ☐ Remove
				Add Remove
	2.0.0			Add Remove
	<u> </u>			Add Remove
				Add Remove
D. If amending	any other information, e	nter change(s)	here: (Attach additional sheets, if necessary.)	SECRETARY DIVISION OF B
Dated	xi. 9	20%	<b>D</b> .	TOF STATE
		( - >	authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<b>;</b>	<b>~1</b>		
		<b>5</b> /15/15/15/15/15/15/15/15/15/15/15/15/15/	
MEGABHAI LLC			
(Name of the Limited Liability Com (A Florida Limite	pany as it now appears on our r	ecords.)	
C. T. Tolland Jimileo	a Diability Company)	9 0	
The Articles of Organization for this Limited Liability Compar	ny were filed on4/8	3/10 and selgned S	
Florida document number L10000038267		<b>3</b> €	
This amendment is submitted to amend the following:		<b>₩</b> 0,0	
		<b>0</b>	
A. If amending name, enter the new name of the limited lis	bility company here:		
; ;			
The new name must be distinguishable and end with the words "Lin	nited Liability Company," the de	signation "LLC" or the abbreviation	
"L.L.C."			
Enter new principal offices address, if applicable:	11951 ELBERT ST		
(Principal office address MUST BE A STREET ADDRESS)	CLERMONT, FL 3471		
į	<del>_</del>		
Enter new mailing address, if applicable:	11951 ELBERT ST		
(Mailing address MAY BE A POST OFFICE BOX)			
IMMINIE GUILLES MAT BE AT UST UPFILE BUAT	CELTINOTAL, FE 347		
i :			
B. If amending the registered agent and/or registered of	office address on any was un		
registered agent and/or the new registered office address he	nnce andress on our record re:	is, enter the name of the new	
	<u></u> .·		
Name of New Business A. A.			
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address , Florida		
}			
	City	Zip Code	
<u>!</u>	<del>-</del>	-	

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