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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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TALLAHASSEE, FLORIDA

gm
10/20/14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: D G & LEEDS, 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:

JUNAID KHAN

Name of Person

D G & LEEDS, LLC

Firm/Company

280 S. ST RD 434 #1049A

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

owner@orlandopainclinic.com

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

For further information concerning this matter, please call:

JUNAID KHAN

Name of Person

at **407** **342-6325**

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

D G & LEEDS, LLC

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	ZARA KHAN	280 S. ST RD 434	☒ Add
		SUITE#1049A	☐ Remove
		ALTAMONTE SPRINGS, FL 32714	
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

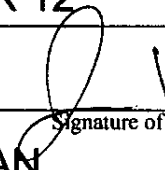
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated SEPTEMBER 12, 2014



Signature of a member or authorized representative of a member
ZARA KHAN

Typed or printed name of signee

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Filing Fee: \$25.00

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