

L11000019943

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

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☐

MAIL

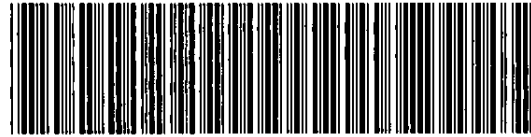
(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

OCT 6 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: DHABA 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:

PREET KANWAR SINGH

Name of Person

DHABA LLC

Firm/Company

4620 BAY BOULEVARD #1141

Address

SAINT PETERSBURG

City/State and Zip Code

rukam82@gmail.com

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

For further information concerning this matter, please call:

PREET K SINGH

Name of Person

at ( 727 )

858-7023

Area Code & Daytime Telephone Number

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

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

(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 02/16/2011 and assigned  
Florida document number L11000019943.

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)

1811 THORNHILL ROAD, APT #103

WESLEY CHAPEL, FL 33544

**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:

PREET K SINGH

New Registered Office Address:

1811 THORHILL ROAD, APT # 103

*Enter Florida street address*

WESLEY CHAPEL

, Florida

33544

*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

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         | PREET K SINGH      | 1811 THORHILL ROAD, APT 103<br>WESLEY CHAPEL, FL 33544  | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | PARVINDER S KAINTH | 1811 THORNHILL ROAD, APT 103<br>WESLEY CHAPEL, FL 33544 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGR          | RUKAM JASSAL       | 4620 BAY BLVD #1141<br>PORT RICHEY, FL 34668            | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                    |                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                    |                                                         | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

Dated 10/04/2011, \_\_\_\_\_.



Signature of a member or authorized representative of a member

\_\_\_\_\_  
Typed or printed name of signee