

L11000142799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

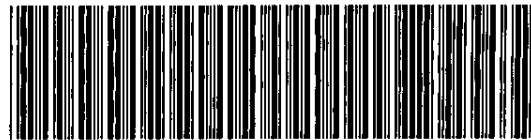
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
JAN 05 2011  
EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 2point0 Concepts, 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:

Ammar Laskarwala

Name of Person

2point0 Concepts, LLC

Firm/Company

777 N Ashley Dr, Suite # 2901

Address

Tampa FL, 33602

City/State and Zip Code

amm@2point0concepts.com

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

For further information concerning this matter, please call:

Ammar Laskarwala

Name of Person

at ( 813 )

426-4258

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

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2POINT0 CONCEPTS, LLC

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12 JAN -3 AM 1:42  
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TALLAHASSEE, FLORIDA

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	RAPHAEL, JASON	777 N ASHLEY DR SUITE 2901 TAMPA FL 33602 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MOHAMMED, SHAABI	777 N ASHLEY DR TAMPA FL 33602 US	<input type="checkbox"/> Add <input checked="" 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.)*

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Dated Dec 29th, 2011

\_\_\_\_\_  
Signature of a member or authorized representative of a member  
Ammar Laskarwala  
Typed or printed name of signee