

L12000017095

(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:

Office Use Only



900234854039

05/11/12--01017--003 **25.00

FILED
12 MAY 11 PM 20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 14 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A PATEL PROJECT 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:

Jenni Patel

Name of Person

A PATEL PROJECT LLC

Firm/Company

6608 S Goldenrod Rd Unit B

Address

Orlando, FL 32822

City/State and Zip Code

apatelproject@gmail.com

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

For further information concerning this matter, please call:

Sam Patel

Name of Person

at (407) 970.0240

Area Code & Daytime Telephone Number

FILED
12 MAY 11 PM 20
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

A PATEL PROJECT LLC

Page 1 of 2

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	Shital Patel	6608 S Goldenrod Rd	<input checked="" type="checkbox"/> Add
		Unit B	<input type="checkbox"/> Remove
		Orlando, FL 32822	
			<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.)*

FILED
 12 MAY 11 PM 4:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated May 7, 2012

 Signature of a member or authorized representative of a member
 Jenni Patel
 Typed or printed name of signee