

L12 000 164713

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

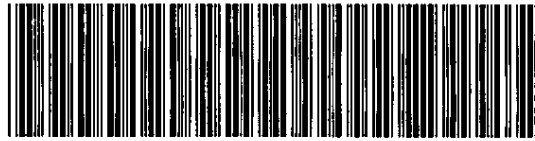
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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14 MAR -3 PM 3:35
TALLAHASSEE, FL
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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AgilisPragma 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:

Dipankar Mandal

Name of Person

ObjectSol LLC

Firm/Company

398 Fountainview Circle

Address

Oldsmar, FL 34677

City/State and Zip Code

dipankar.personal@gmail.com

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

For further information concerning this matter, please call:

Dipankar Mandal

Name of Person

at 813 389-2088

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

AgilisPragma LLC

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

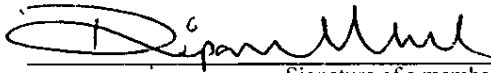
Note: I had earlier registered a dba (fictitious name) of ObjectSol
for AgilisPragma LLC (Registration Number G13000112488).

Do I need to do anything to drop the fictitious name as it
would now be the same as the company name?

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 March 1, 2014



Signature of a member or authorized representative of a member

Dipankar Mandal

Typed or printed name of signee

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Filing Fee: \$25.00

14/03/2014 14:09:35
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