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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

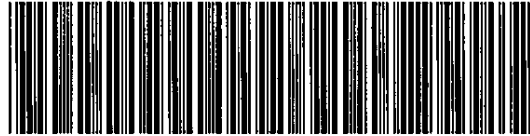
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2016 JUN 20 P 3:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUN 21 2016

Goldstein & Greenberg

ATTORNEYS AT LAW
A Partnership of Professional Associations

Larry D. Goldstein, P.A.

Larry D. Goldstein *
Jason A. Goldstein

*Board Certified Civil Trial Lawyer
*Board Certified Worker's
Compensation Lawyer

Douglas J. Greenberg, P.A.

Douglas J. Greenberg
Former State Prosecutor

June 16, 2016

AMENDMENT SECTION
DIVISION OF CORPORATIONS
P.O. Box 6327
Tallahassee, FL 32314

RE: MAMONE ENTERPRISE, LLC

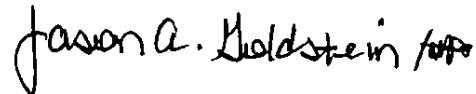
To whom it may concern:

In regards to the above referenced organization, please find the following enclosed required for filing these amendments:

1. Articles of Amendments for MAMONE ENTERPRISE, LLC;
2. Check #11109 in the amount of \$25.00 for the filing fee.

Thank you for your attention on this matter. Should you have any questions, please do not hesitate to contact my office.

Very Truly Yours,



Jason A. Goldstein

JAG/mkj
Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mamone Enterprise 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:

Mohammad Alam

Name of Person

Firm/Company

6625 4th Street North

Address

St. Petersburg, FL 33702

City/State and Zip Code

bijoyalam@yahoo.com

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

For further information concerning this matter, please call:

Mohammad Alam

at (727) 6238757

Name of Person

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

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

Mamone Enterprise LLC

(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 August 27, 2012 and assigned
Florida document number L12000109847.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

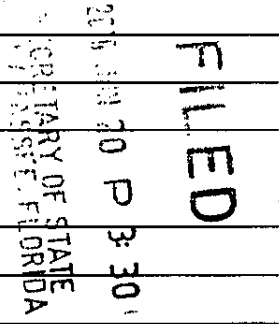
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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:

New Registered Office Address:

Enter Florida street address

_____, Florida _____
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGRM	Mosammat Akter	6625 4th Street North	<input checked="" type="checkbox"/> Add
		St. Petersburg, FL 33702	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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JUN 20 3:30 PM
CLERK OF STATE
TAMPA, FLORIDA

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(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

06/15/16

MOHAMMAD ALAN

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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