

L170000 36472

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

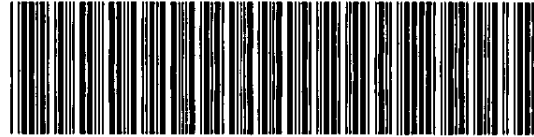
(Business Entity Name)

(Document Number)

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FILED
15 MAR 17 PM 12:58
MAR 17 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 12 Stones Press 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:

Mateen Sheikh

Name of Person

Firm/Company

13233 Sanctuary Cove Dr., Apt 202

Address

Temple Terrace, FL 33637

City/State and Zip Code

mateen2724@yahoo.com

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

For further information concerning this matter, please call:

Mateen Sheikh

305 878-9090

Name of Person

at ()

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**

12 Stones Press 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 03/11/13 and assigned Florida document number L13000036472.

This amendment is submitted to amend the following:

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

Mateen Sheikh DMD LLC

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)

13233 Sanctuary Cove Dr., Apt 202

Temple Terrace, FL 33637

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

13233 Sanctuary Cove Dr., Apt 202

Temple Terrace, FL 33637

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:

Mateen Sheikh

New Registered Office Address:

13233 Sanctuary Cove Dr., Apt 202

Enter Florida street address

Temple Terrace

City

Florida 33637

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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
AMBR	Miranda Nerland	305 Belle View Ave	<input type="checkbox"/> Add
		Temple Terrace, FL 33617	<input checked="" type="checkbox"/> Remove
AMBR	Monica Crafts	8614 Palm Lane	<input type="checkbox"/> Add
		Temple Terrace, FL 33637	<input checked="" type="checkbox"/> Remove
AMBR	Mateen Sheikh	13233 Sanctuary Cove Dr., Apt 202	<input checked="" type="checkbox"/> Add
		Temple Terrace, FL 33637	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

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 3/9, 2015.



Signature of a member or authorized representative of a member

Mateen Sheikh

Typed or printed name of signee

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Filing Fee: \$25.00

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FILED
MAR 17 2015
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA