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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Culligan MAY 13 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BALSHI&BALSHI 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:

DAFER MOHAMMAD

Name of Person

BALSHI&BALSHI LLC

Firm/Company

47 SIMPSON DR.

Address

FRAMINGHAM, MA 01701

City/State and Zip Code

DAFER.MOHAMMAD@GMAIL.COM

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

For further information concerning this matter, please call:

DAFER MOHAMMAD

Name of Person

at (**352**) **426-0651**

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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TALLAHASSEE, FLORIDA

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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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	GHASSAN MOHAMMAD	47 SIMPSON DR.	☒ Add
		FRAMINGHAM, MA 01701	☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove
			☐ Add
			☐ Remove

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

Dated May 8, 2013.

Muhammad

Signature of a member or authorized representative of a member

DAFER MOHAMMAD

Typed or printed name of signee

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Filing Fee: \$25.00

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