

L13000065402

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

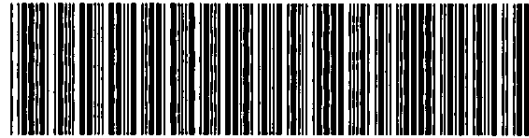
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2014 APR 16 PM 10:50  
CLERK

B. BOSTICK

APR 18 2014

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **AS & ZS 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:

**MOHAMMED HANIF**

Name of Person

**AS & ZS ENTERPRISE LLC**

Firm/Company

**306 S 6TH AVE**

Address

**WAUCHULA FL 33873**

City/State and Zip Code

**HARSHA.TAS@GMAIL.COM**

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

For further information concerning this matter, please call:

**MOHAMMED HANIF**

Name of Person

at **727** **687-7253**

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

## AS &amp; ZS ENTERPRISE LLC

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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>
MGR	MOHAMMED HANIF	306 S 6TH AVE	<input checked="" type="checkbox"/> Add
		WAUCHULA	<input type="checkbox"/> Remove
		FL 33873	
MGR	FAHMIDA HALEN	306 S 6TH AVE	<input checked="" type="checkbox"/> Add
		WAUCHULA	<input type="checkbox"/> Remove
		FL 33873	
SECRETARY	KHURSHED AHMED	306 S 6TH AVE	<input type="checkbox"/> Add
		WAUCHULA	<input checked="" type="checkbox"/> Remove
		FL 33873	
ASST SECRETARY	SHARIF UDDIN	306 S 6TH AVE	<input type="checkbox"/> Add
		WAUCHULA	<input checked="" type="checkbox"/> Remove
		FL 33873	
			<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.)*

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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 **APRIL 9TH**, **2014**



Signature of a member or authorized representative of a member

**MOHAMMED HANIF**

Typed or printed name of signer

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Filing Fee: \$25.00

2014 APR 16 PM 4:50  
CLERK OF COURT  
CLERK OF COURT