

L13000170813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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2014 AUG 14 P 4:51  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 15 2014

2014-10-10

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Mantesha Investments LLC

**SUBJECT:** \_\_\_\_\_  
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:

Somera Anjum

\_\_\_\_\_  
Name of Person

Mantesha Investments LLC

\_\_\_\_\_  
Firm/Company

9658 Lake Pine Place

\_\_\_\_\_  
Address

Tampa, FL 33635

\_\_\_\_\_  
City/State and Zip Code

someraanjum@live.com

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

For further information concerning this matter, please call:

Somera Anjum

813

317-3979

\_\_\_\_\_  
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

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TALLAHASSEE, FLORIDA  
CLERK OF STATE

Mantesha Investments LLC

The Articles of Organization for this Limited Liability Company were filed on 12/10/2013 and assigned  
Florida document number L13000170813

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

**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 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>                      |
|--------------|----------------|----------------------|--|
| MGRM         | Shehzad Lalani | 9658 Lake Pine Place | <input type="checkbox"/> Add               |
|              |                | Tampa, FL 33635      | <input checked="" type="checkbox"/> Remove |
|              |                |                      |  |
|              |                |                      | <input type="checkbox"/> Add               |
|              |                |                      | <input type="checkbox"/> Remove            |
|              |                |                      |  |
|              |                |                      | <input type="checkbox"/> Add               |
|              |                |                      | <input type="checkbox"/> Remove            |
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|              |                |                      | <input type="checkbox"/> Add               |
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|              |                |                      | <input type="checkbox"/> Remove            |
|              |                |                      |  |

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 TAMPA, FLORIDA

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

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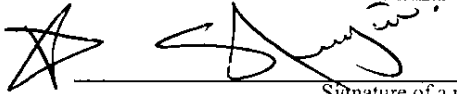
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**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 August 12 2014



\_\_\_\_\_  
Signature of a member or authorized representative of a member

Somera Anjum, MGRM

\_\_\_\_\_  
Typed or printed name of signee

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Filing Fee: \$25.00

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TALLAHASSEE, FLORIDA

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