

L14000016250

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500259550685

04/23/14--01023--017 **30.00

FILED
14 MAY 20 AM 11:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4. Sivers MAY 29 2014

623



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 6, 2014

TAMANNA SULTANA
1664 BRANCH FORBES RD
PLANT CITY, FL 33565

SUBJECT: CIRCLE B ENTERPRISE LLC
Ref. Number: L14000016250

We have received your document for CIRCLE B ENTERPRISE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 214A00009595

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **CIRCLE B 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:

TAMANNA SULTANA

Name of Person

Firm/Company

1664 BRANCH FORBES RD

Address

PLANT CITY FL 33565

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:

TAMANNA SULTANA

Name of Person

at **813 650-6897**

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

CIRCLE B 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 _____ and assigned
Florida document number L14000016250.

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 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)

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>
MGR	MOHAMMAD H ALAM	1664 BRANCH FORBES RD	<input type="checkbox"/> Add
		PLANT CITY	<input checked="" type="checkbox"/> Remove
		FL 33565	
MGR	MST HASINA BEGUM	4917 E YUKON ST	<input checked="" type="checkbox"/> Add
		TAMPA	<input type="checkbox"/> Remove
		FL 33617	
MGR	TAMANNA SULTANA	442 ARCH RIDGE LOOP	<input checked="" type="checkbox"/> Add
		SEFFNER	<input type="checkbox"/> Remove
		FL 33584	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<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.)*

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 04/23/2014

M. Alam

Signature of a member or authorized representative of a member

MOHAMMAD H ALAM

Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

RECEIVED
14 MAY 20 5M 11:42
CLERK OF THE STATE
TALLAHASSEE, FLORIDA