

#L 14000029389

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

APR 10 2014

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **COVELINE,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:

SINAN BASHIR

Name of Person

COVELINE,LLC

Firm/Company

4745 SUTTON PARK CT#601

Address

JACKSONVILLE,FL,32224

City/State and Zip Code

SAMNAOUM@YMAIL.COM,SINANBASHIR@OUTLOOK.COM

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

For further information concerning this matter, please call:

SINAN BASHIR

Name of Person

at (

904 304-8283

) 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

COVELINE, LLC

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TALLAHASSEE, FLORIDA

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

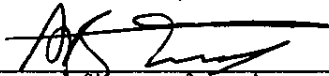
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SINAN BASHIR	4745 SUTTON PARK CT#601	<input checked="" type="checkbox"/> Add
		JACKSONVILLE,FL,32224	<input type="checkbox"/> Remove
MGR	BASHIR BASHIR	4745 SUTTON PARK CT#601	<input type="checkbox"/> Add
		JACKSONVILLE,FL,32224	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
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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 04/07/2014, 8:00 AM



Signature of a member or authorized representative of a member

SINAN BASHIR

Typed or printed name of signee