

L14000074118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

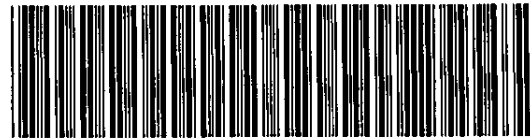
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/20/14--01007--002 **25.00

FILED
14 OCT 20 21 21 31
SECTION 17.1
MUSKOGEE COUNTY

OCT 22 2014

EFFECTIVE DATE

10/25

S. YOUNG

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MJ5786 VENTURES 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:

MARYAM JAVED

Name of Person

MJ5786 VENTURES LLC

Firm/Company

5786 SUGARCANE LN

Address

LAKE WORTH, FL 33449

City/State and Zip Code

DRMKHAN8@GMAIL.COM

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

For further information concerning this matter, please call:

MARYAM JAVED

561 5065740

Name of Person

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

Page 1 of 3

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	SHAHZAD KHAN	5786 SUGARCANE LN	<input type="checkbox"/> Add
		LAKE WORTH, FL 33449	<input checked="" type="checkbox"/> Remove
MGR	SALEEM AKHTAR	5786 SUGARCANE LN	<input checked="" type="checkbox"/> Add
		LAKE WORTH, FL 33449	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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REC-114
14 OCT 1991
FBI-DOJ

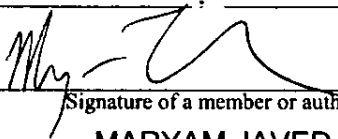
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

NIA

E. Effective date, if other than the date of filing: 10/25/2014 (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 OCT 16TH 2014



Signature of a member or authorized representative of a member

MARYAM JAVED

Typed or printed name of signee

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Filing Fee: \$25.00

FILED
14 OCT 20 11 23 AM
TALLAHASSEE
FLORIDA