

L15000031134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

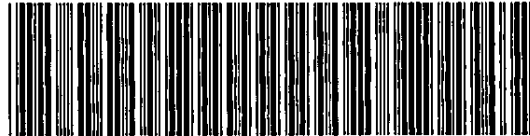
(Business Entity Name)

(Document Number)

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L15-31134
Amend

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15 NOV -5 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV -6 2015

N. CAUSSEAU

COVER LETTER

**TO: Registration Section
Division of Corporations**

TheCellers 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:

Imran Mohammed

Name of Person

TheCellers LLC

Firm/Company

10015 Venezia Place

Address

Boca Raton, FL 33428

City/State and Zip Code

thecellers.corp@gmail.com

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

For further information concerning this matter, please call:

Imran Mohammed

954

796-9699

at (_____) _____

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TheCellers 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 02/19/2015
Florida document number L15000031134

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 contain 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)

10015 Venezia Pl

Boca Raton, FL 33428

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10015 Venezia Pl

Boca Raton, FL 33428

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:

Imran Mohammed

New Registered Office Address:

10015 Venezia Pl

Enter Florida street address

Boca Raton

Florida

33428

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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
AMBR	SEYED, SHURHABEEL Z	8672 NW 57TH CT	<input type="checkbox"/> Add
		CORAL SPRINGS, FL 33067	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	IQBAL, SAMIR A	2523 MADISON COMMONS	<input type="checkbox"/> Add
		DUNWOODY, GA 30360	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BAIG, JAWAD M	1070 CHASEWOOD TRAIL	<input type="checkbox"/> Add
		ALPHARETTA, GA 30005	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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15 NOV -5 PM 1:31
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TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated October 6, 2015

Imran Mohammed

Typed or printed name of signee