

L15000039142

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

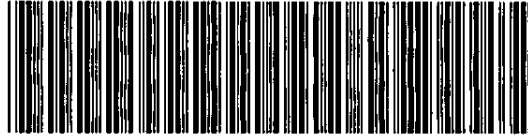
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15 APR -3 PM 3:40

SECRETARY OF
DIVISION OF CORPORATE AFFAIRS

C.L.
4-21-15

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Dr. IDroid 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:

Haseen Hironi
Name of Person
Dr. ~~XXXX~~ IDroid LLC
Firm/Company
3900 Tampa Rd #130
Address
Odessa FL 39677
City/State and Zip Code
haseen.hironi@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Haseen Hironi at (727) 415-1857
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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 APR -3 PM 3:40

Dr. iDroid 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 3/3/15 and assigned Florida document number L15000039142.

This amendment is submitted to amend the following:

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

Dr. iDroid, LLC

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)

3800 Tempa Rd. Unit #130
Oldsmar FL 34677

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3800 Tempa Rd Unit #130
Oldsmar FL 34677

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:

~~Hasan~~ Hasan Hirani

New Registered Office Address:

4051 Lyctum Drive

Enter Florida street address

Palm Harbor

City

Florida

34685

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 | Hireni Hasan | 4051 Lignatum Drive | <input type="checkbox"/> Add |
| | | Palm Harbor FL 33634 | <input checked="" type="checkbox"/> Remove |
| MGR | Hireni Hussain | 4051 Lignatum Drive | <input type="checkbox"/> Add |
| | | Palm Harbor FL 33634 | <input checked="" type="checkbox"/> Remove |
| MGR | Hasan Hireni | 4051 Lignatum Drive | <input checked="" type="checkbox"/> Add |
| | | Palm Harbor FL 34685 | <input type="checkbox"/> Remove |
| MGR | Hussain Hireni | 4051 Lignatum Drive | <input checked="" type="checkbox"/> Add |
| | | Palm Harbor FL 34685 | <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.)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

15 APR -3 PM 3:40

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 4-3, 2015.

Signature of a member or authorized representative of a member

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Typed or printed name of signee