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K. SALLY
EXAMINER

FEB -1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PIPKIN LAKELAND 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:

ASMAHAN DAHBALI

Name of Person

Firm/Company

520 CHRISTINA DR APT 305

Address

ROYAL PALM BEACH 33414

City/State and Zip Code

ESMA423@GMAIL.COM

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

For further information concerning this matter, please call:

NAZEER KALACHIKNA

347 724-7680
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

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RECORDS SECTION
ASSESS. FLORIDA

(Name of the Limited Liability Company as it now appears on our records:
(A Florida Limited Liability Company)

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>
MGR	SHUKRI DAHBALI	520 CHRISTINA DR APT 305	☒ Add
		ROYAL PALM BEACH FL 33414	☐ Remove
			☐ Change
MGR	NINO EVREN	520 CHRISTINA DR APT 305	☐ Add
		ROYAL PALM BEACH FL 33414	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
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			☐ Add
			☐ Remove
			☐ Change

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 DEPARTMENT OF STATE
 TALLAHASSEE, FL 32310

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

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TALLAHASSEE, FLORIDA

E. Effective date, if other than the date of filing: _____ (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 JAN 18

2016

Signature of a member or authorized representative of a member

ASMAHAN DAHBALI

Typed or printed name of signer