

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Basile Holdings 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:

Kash Sharfi
Name of Person

McGoey & Shark Co's CPA's PA
Firm/Company

639 East Ocean Avenue #101
Address

Boynton Beach, FL 33435
City/State and Zip Code

Kash@cpapalmbeach.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kash Sharfi at (561) 734-8599
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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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	Basile, Joseph F, JR	555-B Hypoluxo Road	<input type="checkbox"/> Add
		Lantana, FL 33462	<input checked="" type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
MGR	Basile, Lisa	555-B Hypoluxo Road	<input checked="" type="checkbox"/> Add
		Lantana, FL 33462	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
		_____	<input type="checkbox"/> Add
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