

L16000140194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

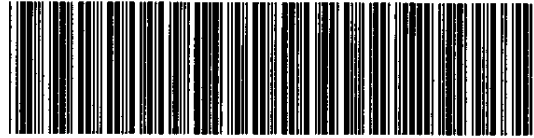
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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CLERK OF STATE
TALLAHASSEE, FLORIDA

2016 SEP 26 PM 5:13

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K. SALY

SEP 27 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: M and D Telecom Partners, 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:

Name of Person

Firm/Company

Address

City/State and Zip Code

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

For further information concerning this matter, please call:

Kamal Dashi at (703) 893 0806
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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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TALLAHASSEE, FLORIDA

Page 1 of 3

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

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TALLAHASSEE, FLORIDA

Title	Name	Address	Type of Action
MGR	GME Alliance LLC		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	N H Note Investment LLC		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Lark Investment LLC		<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Lark Investment LLC	P O Box 70325	<input checked="" type="checkbox"/> Add
		Fort Lauderdale FL 33307	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BTS Investor Company LLC	3000 Island Blvd, 2403	<input type="checkbox"/> Add
		Aventura FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	MADO Management LLC	3000 Island Blvd, 2403	<input checked="" type="checkbox"/> Add
		Aventura, FL 33160	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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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)

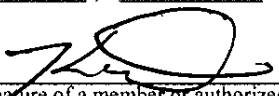
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9/20/2016


Signature of a member or authorized representative of a member

Kamy / Dashi for Lark Investm. F. LLC AMOR
Typed or printed name of signer