

L17000025985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

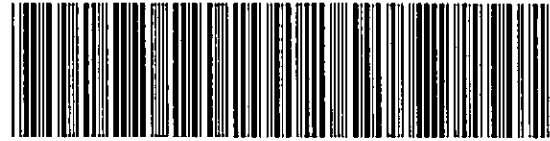
(Business Entity Name)

(Document Number)

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CLERK OF COURT
JANUARY 17, 2017

K. SALY
OCT 30 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAYA DOYA TOUR & TRANSPORTATION 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:

MOHD M HOSSAIN

Name of Person

MAYA DOYA TOUR & TRANSPORTATION LLC

Firm/Company

12501 IDAHO WOODS LN

Address

ORLANDO, FL 32824

City/State and Zip Code

SRPRSWORLD @ GMAIL . COM

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

For further information concerning this matter, please call:

MOHD M HOSSAIN

Name of Person

at (407)

Area Code

369 - 2932

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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12-SEP-1964

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	HOWLADER MUHAMMAD NESARUDDIN	2611 CORAL AVE. KISSIMMEE, FL 34741	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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PA

(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.

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

Dated 25th October, 2017.

2014

Signature of a member or authorized representative of a member

MOHD M HOSSAIN

Typed or printed name of signee