

LI7 000 180963

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

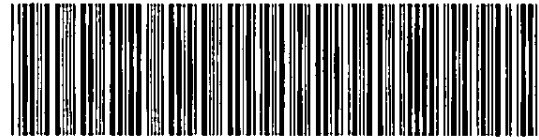
(Business Entity Name)

(Document Number)

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OCT 31 2017
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kotecha Sisters 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:

Krishna Kotecha
Name of Person

Kotecha Sister LLC
Firm/Company

9025 SW 170th Pl
Address

Miami, FL 33196
City/State and Zip Code

katecha_m0000@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krishna Kotecha at (305) 713-6344
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

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>
MGRM	Payal Chhelwala	9025 SW 170 th Pl	<input type="checkbox"/> Add
		Miami, FL 33196	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Ashraf Rehan	801 NW 47 th ave	<input checked="" type="checkbox"/> Add
		apt 10105	<input type="checkbox"/> Remove
		Miami, FL 33126	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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

Multiple horizontal lines for amending information.

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: _____

Signature of a member or authorized representative of a member: *Payal Chhelwala / Kim Kotecha*

Typed or printed name of signer: *Payal Chhelwala, Kim Kotecha, Radhika B. Kotel*

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