

L17000264622

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

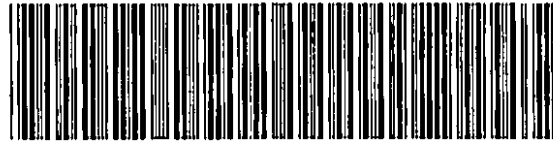
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200307939292

01/23/18--01009--005 \*\*35.00

RECEIVED

JAN 22 2018  
10 08 FEB -2 AM 9:49  
TOLSON  
FBI  
WASHINGTON, DC

FILED

FEB 05 2018

Y SULKER

**COVER LETTER**

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: MINK & AGARWAL CPAs PLLC

DOCUMENT NUMBER: L17000264622

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

BASANT AGARWAL

Name of Contact Person

MINK & AGARWAL LLC

Firm/ Company

5200 W NEWBERRY RD SUITE D-4

Address

GAINESVILLE, FL 32607

City/ State and Zip Code

BASANTAGARWAL@YAHOO.COM

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

For further information concerning this matter, please call:

CARL MINK at ( 352 ) 226-2972  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

- |   |  |   |  |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &<br>Certified Copy<br>(Additional copy is<br>enclosed) | <input type="checkbox"/> \$52.50 Filing Fee<br>Certificate of Status<br>Certified Copy<br>(Additional Copy<br>is enclosed) |
|---|--|---|--|

**Mailing Address**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 24, 2018

BASANT AGARWAL  
5200 W NEWBERRY RD STE D-4  
GAINESVILLE, FL 32607

SUBJECT: MINK & AGARWAL CPAS, PLLC  
Ref. Number: L17000264622

We have received your document for MINK & AGARWAL CPAS, PLLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker  
Regulatory Specialist II

Letter Number: 818A00001575

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Mink & Agarwal, CPAs PLLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing. *\$35 paid earlier, please  
refund excess pmt. of \$10*  
Please return all correspondence concerning this matter to the following:

Basant K Agarwal  
Name of Person

Mink & Agarwal, PLLC  
Firm/Company

5200 W Newberry Rd #D4  
Address

Gainesville FL 32607  
City/State and Zip Code

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

For further information concerning this matter, please call:

Basant Agarwal at (352) 246-8679  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee<br><i>you have<br/>\$35 (paid earlier)</i> | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Mink & Agarwal CPAs, PLLC

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

The Articles of Organization for this Limited Liability Company were filed on 12/29/17 and assigned Florida document number L17000264622

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Mink & Agarwal, PLLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

N.A.

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

N.A.

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

N.A.

New Registered Office Address:

N.A.

Enter Florida street address

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

FILED  
18 FEB -2 AM 9:49  
TALLAHASSEE, FLORIDA

**New Registered Agent's Signature, if changing Registered Agent:**

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

N.A.

If Changing Registered Agent, Signature of New Registered Agent

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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

2.A.

18 FEB - 2 AM 9:49  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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

N.A.

FILED  
18 FEB -2 AM 9:49  
TALLAHASSEE, FLORIDA

Effective date, if other than the date of filing: 01/01/18 (optional)

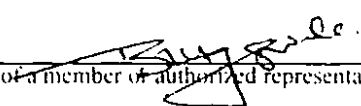
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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.

the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

i) The 90th day after the record is filed.

Dated 01/31/2018

  
Signature of a member or authorized representative of a member

BASANT K AGARWAL  
Typed or printed name of signer