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SECRETARY OF STATE
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N COOPER

APR 18 2018

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NAVKAR OF FLORIDA CITY, 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:

JIGAR JASANI

Name of Person

NAVKAR OF FLORIDA CITY, LLC

Firm/Company

333 SE 1ST AVE

Address

FLORIDA CITY, FL 33034

City/State and Zip Code

JMJASANI@GMAIL.COM

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

For further information concerning this matter, please call:

JIGAR JASANI

772

5280394

at (_____) _____

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

NAVkar of Florida City, LLC

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	PATEL, PREMSARAN	333 SE 1ST AVE	<input type="checkbox"/> Add
		FLORIDA CITY, FL33034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATEL, BHARTI	333 SE 1ST AVE	<input type="checkbox"/> Add
		FLORIDA CITY, FL33034	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHAH, SHAMIR	333 SE 1ST AVE	<input type="checkbox"/> Add
		FLORIDA CITY, FL 33034	<input checked="" 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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			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	PATEL, AMAR	333 SE 1ST AVE	<input checked="" type="checkbox"/> Add
		FLORIDA CITY, FL33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATEL, JAYESH	333 SE 1ST AVE	<input checked="" type="checkbox"/> Add
		FLORIDA CITY, FL33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATEL, NIMESH	333 SE 1ST AVE	<input checked="" type="checkbox"/> Add
		FLORIDA CITY, FL 33034	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATEL, SHAMIR	333 SE 1ST AVE	<input checked="" type="checkbox"/> Add
		FLORIDA CITY, FL 33034	<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

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 _____, _____

or authorized re

Signature of a member or authorized representative of a member

Nikinkumar Shah

Typed or printed name of signee