

L19000005121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

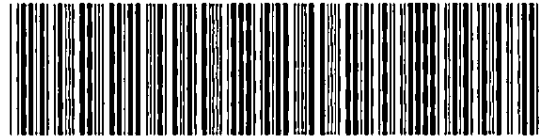
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 DEC -2 AM 9:26

FILING

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STATE OF FLORIDA
TALLAHASSEE

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P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 12/2/20

NAME: AMERICAN DREAM OF NEFL LLC

TYPE OF FILING: AMENDMENT

COST: 25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AMERICAN DREAM OF NEFL, 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:

Shivakumar B. Hattangadi

Name of Person

American Dream of NEFL, LLC

Firm/Company

12032 KAJETAN LANE

Address

ORLANDO, FL 32827

City/State and Zip Code

steve.hattangadi@gmail.com

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

For further information concerning this matter, please call:

Rebecca Cirrincione

at (727) 415-7453

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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>
AMBR	SIDDHARTH HATTANGADI		<input type="checkbox"/> Add
		12032 KAJETAN LANE ORLANDO, FL 32827	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SAMARTH HATTANGADI		<input type="checkbox"/> Add
		12032 KAJETAN LANE ORLANDO, FL 32827	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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20
DEC
11
11:09:26

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

20th DEC - 2 AM 9:26

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 December 1, 2020



Signature of a member or authorized representative of a member

SHIVAKUMAR B. HATTANGADI, Manager

Typed or printed name of signee

Filing Fee: \$25.00