

L19 000086896

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(Address)

(Address)

(City/State/Zip/Phone #)

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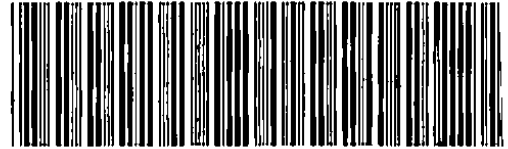
(Business Entity Name)

(Document Number)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: JUBILEE BROTHERS INVESTMENT GROUP 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:

AMIRUDDIN GILLANI

Name of Person

JUBILEE BROTHERS INVESTMENT GROUP LLC

Firm/Company

14757 WATERCHASE BLVD

Address

TAMPA, FLORIDA 33626

City/State and Zip Code

AMIRU5000@GMAIL.COM

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

For further information concerning this matter, please call:

THOMAS J CARRIGAN CPA

813 695-1763

at ()

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

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(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 3/28/2019 and a
Florida document number L19000086896.

This amendment is submitted to amend the following:

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

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

Civ

Zip Code

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.

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 or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
<u>MBR</u>	<u>NIZAR ALI KACHI</u>	<u>14761 SAN MARSA LA COURT</u> <u>TAMPA, FL 33626</u>	<input checked="" type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> C
<u>MBR</u>	<u>SULTAN K. TIWANI</u>	<u>9202 TILLINGHAST DR</u> <u>TAMPA, FL 33626</u>	<input checked="" type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> C
<u>MBR</u>	<u>AMIR ALI ABDUL MALIK</u>	<u>732 WELLINGTON COURT</u> <u>OLDSMAR, FL 34677</u>	<input checked="" type="checkbox"/> A <input type="checkbox"/> Re <input type="checkbox"/> Cha
<u>MBR</u>	<u>ASIF VALANI</u>	<u>16000 RUSHMORE AVE</u> <u>APARTMENT NUMBER 5107</u> <u>LITTLE ROCK, ARK 72223</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Ren <input type="checkbox"/> Cha
<u>MBR</u>	<u>NIZAR GILANI</u>	<u>524 CYPRESS VIEW DR</u> <u>OLDSMAR, FL 34677</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Rem <input type="checkbox"/> Cha
<u>MBR</u>	<u>SALIM LAKHANI</u>	<u>272 MOBBLY BAY DR.</u> <u>OLDSMAR, FL 34677</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Rem <input type="checkbox"/> Cha

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
<u>MBR</u>	<u>NOORDIN LALANI</u>	<u>255 MOBBLY Bay DR</u> <u>OLDSMAR, FL 34677</u>	<input checked="" type="checkbox"/> A <input type="checkbox"/> F <input type="checkbox"/> C
<u>MBR</u>	<u>MADIRSHAH NOORUDDIN RATTANI</u>	<u>112 MOBBLY Bay DR.</u> <u>OLDSMAR, FL 34677</u>	<input checked="" type="checkbox"/> A <input type="checkbox"/> R <input type="checkbox"/> C
<u>MBR</u>	<u>RAFIQ ALI RAMZAN HIRANI</u>	<u>737 WELLINGTON COURT</u> <u>OLDSMAR, FL 34677</u>	<input checked="" type="checkbox"/> A <input type="checkbox"/> Re <input type="checkbox"/> Cha
<u>MBR</u>	<u>AKBAR A BARMANWALLA</u>	<u>580 LAKE CYPRESS CIRCLE</u> <u>OLDSMAR, FL 34677</u>	<input checked="" type="checkbox"/> Adc <input type="checkbox"/> Ren <input type="checkbox"/> Cha
<u>MBR</u>	<u>ABDUL KHOJA</u>	<u>733 WELLINGTON CT</u> <u>OLDSMAR, FL</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Rem <input type="checkbox"/> Cha
<u>MBR</u>	<u>NIZAR N DHAMANI</u>	<u>3620 ARBOR CHASE DR</u> <u>PALM HARBOR, FL 34683</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Rem <input type="checkbox"/> Char

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type</u>
<u>MBR</u>	<u>14 INTIMA1 LLC</u>	<u>12010 MERIDIAN POINT DR</u> <u>TAMPA, FL 33626</u>	<input checked="" type="checkbox"/> MBR
			<input type="checkbox"/> R
			<input type="checkbox"/> C
<u>AMBR</u>	<u>AMIRUDDIN GILLANI</u>	<u>14757 WATERCHASE BLVD</u> <u>TAMPA, FL 33626</u>	<input type="checkbox"/> A
			<input type="checkbox"/> R
			<input checked="" type="checkbox"/> CI
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			<input type="checkbox"/> Cha
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remo
			<input type="checkbox"/> Chang

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

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 60

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be 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 earl

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

Dated September 20, 2019

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

THOMAS J CARRIGAN CPA

Typed or printed name of signee