

L19000117808

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

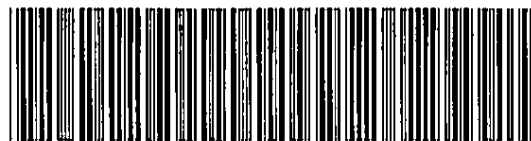
(Business Entity Name)

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BBQ Florida, 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:

Shivon Patel, Esq.

Name of Person

The Principal Law Firm, P.L.

Firm/Company

4907 International Parkway Suite 1061

Address

Sanford, FL 32771

City/State and Zip Code

ajay.dharna@gmail.com

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

For further information concerning this matter, please call:

Shivon Patel, Esq.

407

322-3003

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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(A Florida Limited Liability Company)

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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	Ajay Dharna	8040 Townes Way	<input type="checkbox"/> Add
		Richmond Heights, MO 63117	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Anil Dharna	3703 S Atlantic Ave Unit 602	<input checked="" type="checkbox"/> Add
		Daytona Beach, FL 32118	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sailesh Patel	3752 Southern Hills Drive	<input checked="" type="checkbox"/> Add
		Jacksonville, FL 32225	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Harinder Singh	7927 Forsyth Blvd.	<input checked="" type="checkbox"/> Add
		Clayton, MO 63105	<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
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[illegible]

(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.

Dated 8th OCTOBER, 2019.

Dr. [Signature]
Signature of a member of the

AJAY DHARNA

Typed or printed name of signee