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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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2022 SEP 19 All 6: 43

A. BUTLER
DEC 14 2022

From

Elizabeth Osman

153 SE 17<sup>TH</sup> TERRACE

CAPE CORAL FL 338990

TO

Registration section

Divisions of corporation

PO box 6327 Tallahassee FL 32314

SUB: ADDING BUSINESS PARTNER BOBBY MAMMEN - MASALA MANTRA THE INDIAN BISTRO LLC

Dear Sir / Madam

Request you to support my application to add Bobby Varghese Mammen to Masala Mantra Indian Bistro

My telephone number is: 904 647 0439

My return address is: 4209 se 8th place cape coral 33904

I have an enclosed a cheque for \$60 – which includes filing fee/ certified copy / certificate of status

Best

Elizabeth Osman

## **COVER LETTER**

TO: Registration S Division of Co			
	.A MANTRA - THE INDIAN E	BISTRO LLC	
SUBJECT:	Name of Lim	ited Liability Company	·
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	ELIZABETH E OSMA	AN	
		Name of Person	<del> </del>
	MASALA MANTRA -	THE INDIAN BISTRO LLC	
		Firm/Company	
	153 SE 17TH TER		
		Address	
	CAPE CORAL, FL 3399	90	
		City/State and Zip Code	<del></del>
	masalamantracc@gmail.co	n to be used for future annual report notification)	
For further information	concerning this matter, please c	•	
ELIZABETH E OSM	-	239 203-4741	
	of Person	at ()  Area Code Daytime Telepho	one Number
		, <b>a c c</b> c c c c c c c c c c c c c c c c c	
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 Division of P.O. Box 63 Tallahassee,	Section Corporations 27	Street Address: Registration Section Division of Corporation The Centre of Tallahas 2415 N. Monroe Street Tallahassee, FL 32303	ssee t, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MASALA MANTRA - THE INDIAN BISTRO LLC

(Name of the Limited Liability Company as it now appears on our records:) 9 All 6: 43

		•••	V - 4
The Articles of Organization for this Limited Liability Company	were filed on _	08/19/2019	and assigned
Florida document number L19000207068			·
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company	<u>here</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the	e designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<del></del>	·	
(Principal office address MUST BE A STREET ADDRESS)			
Enter new mailing address, if applicable:			<del></del>
(Mailing address MAY BE A POST OFFICE BOX)			
		· · · · · · · · · · · · · · · · · · ·	
B. If amending the registered agent and/or registered office a	address on our	records, <u>ente</u>	r the name of the new registered
agent and/or the new registered office address here:			
Name of New Registered Agent:			· <del>····································</del>
New Registered Office Address:			
	Enter F	lorida street addri	?SS
	City	, F	lorida
Non-Devictored Agentle Signature if changing Desistant Access	•		Σψ 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 being added or removed from our records:

'MGR = Manager AMBR = Authorized Member

Title	<u>Name</u>	Address	Type of Action
MGR	BOBBY V MAMMEN	11592 TIMBERLINE CIRCLE	■Add
		FORT MYERS, FL 33966	□Remove
			□Change
		<del> </del>	Remove
			□Change
			□Add
			□Remove
			□Change
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			□ Remove
			□Change

Effective date, if other than the date of filing:  [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 (Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as a locument's effective date on the Department of State's records.  Tecord 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 dis filed.  Dated  JUNE 29  2022  Signature of thember or authorized representative of a member	<u> </u>	
Note: It the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to document's effective date on the Department of State's records.  The 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 dis filed.  The 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 dis filed.		
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