

121 000 118620

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

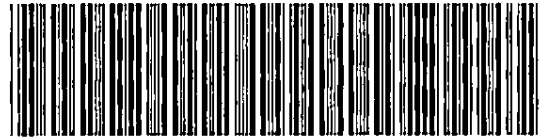
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21 MAY 20 PM 12: 22

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KABADI 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:

AJAY PATEL

Name of Person

KABADI LLC

Firm/Company

4350 HIGHCROFT DR

Address

WESLEY CHAPEL, FL 33545

City/State and Zip Code

AAAA_007@YAHOO.COM

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

For further information concerning this matter, please call:

AJAY PATEL

813 786-7046

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 Address:

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

1. *Phragmites australis* (Cav.) Trin. ex Steud.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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

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<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	JITENDRA PATEL	2987 HILLIARD DR	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL,FL.33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	SHIV SHIVA LLC	4350 HIGH CROFT DR	<input checked="" type="checkbox"/> Add
		WESLEY CHAPEL,FL.33545	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JIBA FAMILY LP	12802 MIRAMAR PL	<input checked="" type="checkbox"/> Add
		TAMPA,FL.33625-4131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PATEL HARNISH R	6569 SILVERADO RANCH BLVD	<input checked="" type="checkbox"/> Add
		ZEPHYRHILLS,FL.33541	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
N/A	N/A	N/A	<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.)*

N/A

21 MAY 20 PM 12: 22

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 APRIL 28, 2021

A. V. Patel
Signature of a member or authorized representative of a member

AJAY PATEL

Typed or printed name of signee

Filing Fee: \$25.00