

121000237085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

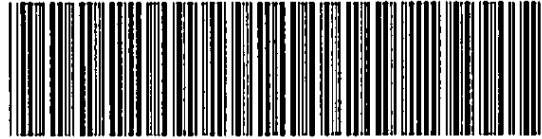
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SECRETARY OF STATE  
TALLAHASSEE, FL

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PATEL CONSTRUCTION MANAGEMENT COMPANY  
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:

DOLLY SINGH  
Name of Person

Firm/Company

10616 Beneva Dr  
Address

Tampa FL 33647  
City/State and Zip Code

PCMC LLC @ hotmail.com  
E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE  
TALLAHASSEE, FL

For further information concerning this matter, please call:

DOLLY SINGH at ( 813 ) 203 5333  
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

PATEL CONSTRUCTION MANAGEMENT COMPANY LLC  
(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DOLLY SINGH	10616 Beneva Dr	<input checked="" type="checkbox"/> Add
		Tampa FL 33617	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	SHAILESH PATEL	4100 Hill Dr # 209	<input type="checkbox"/> Add
		Shelby Township, MI 48317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	RAJNI PATEL	4100 Hill Dr # 209	<input type="checkbox"/> Add
		Shelby Township, MI 48317	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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SECRETARY OF STATE  
TALLAHASSEE, FL

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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)

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 8/1/22

  
Signature of a member

Signature of a member or authorized representative of a member

S.B. Pate

DOLLY SINGH

SHAILESH PATEL

Typed or printed name of signee

**Filing Fee: \$25.00**