

L23 000 450 838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

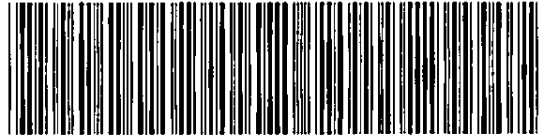
(Business Entity Name)

(Document Number)

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2024 JAN -4 AM 11:11
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FEB 1 2024

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DATAHAVN 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:

SATYARANJAN LENKA

Name of Person

DATAHAVN LLC

Firm/Company

13030 TAMP OAKS BLVD UNIT 3332

Address

TEMPLE TERRACE, FL 33637

City/State and Zip Code

Contact@datahavn.com

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

2023 JAN -4 PM 11:11
SECRETARY OF STATE
TALLAHASSEE, FL
1076 0000

For further information concerning this matter, please call:

SATYARANJAN LENKA

408

7088737

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

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>
AMR	MIRZA ADIL BEG	FLAT NO 5 FIRST FLOOR C18 CORNER 18 APT L	<input type="checkbox"/> Add
		NEW DELHI DELHI DE	<input checked="" type="checkbox"/> Remove
		INDIA IN 110025	<input type="checkbox"/> Change
AMR	ARUN PRATAP SINGH	F 403 INDOSAM SECTOR 75	<input checked="" type="checkbox"/> Add
		NOIDA UTTAR PRADESH	<input type="checkbox"/> Remove
		INDIA IN 201301	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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

SECRETARY OF STATE
TALLMAGE, FL.
2024 JAN -1 AM 11:11

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 DECEMBER 18 , 2023

Setzen von Gen Linka.

Signature of a member or authorized representative of a member

SATHYARANJAN LENKA

Typed or printed name of signee

Filing Fee: \$25.00