

L 23 000 490 804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

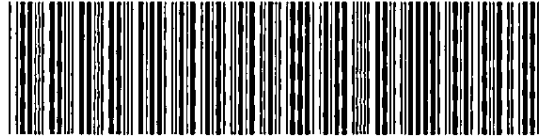
(Business Entity Name)

(Document Number)

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11/17/23--01004--022 \*\*25.00

2023/11/17 11:10:14

12/2/2023

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TAMPA BAY AREA BUSINESS CENTER 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:

HAMEED MOHAMMED

\_\_\_\_\_  
Name of Person

TAMPA BAY AREA BUSINESS CENTER LLC

\_\_\_\_\_  
Firm/Company

20627 LONGLEAF PINE AVENUE

\_\_\_\_\_  
Address

TAMPA FLORIDA 33647

\_\_\_\_\_  
City/State and Zip Code

MAHAMEED@YAHOO.COM

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

For further information concerning this matter, please call:

HAMEED MOHAMMED

813 9294913  
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

2023 NOV 17 AM 10:14

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

N/A

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\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

**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	DAWOOD SYED	20663 LONGLEAF PINE AVENUE	<input checked="" type="checkbox"/> Add
		TAMPA FLORIDA 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	ALI SOOFI	2653 BRUCE B DOWNS BLVD #108A	<input checked="" type="checkbox"/> Add
		PMB117	<input type="checkbox"/> Remove
		WESLEY CHAPEL FLORIDA 33544	<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.)

2/1/23

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 11/15/2023

Signature of a member or authorized representative of a member

HAMEED MOHAMMED

Typed or printed name of signee

Filing Fee: \$25.00