

L11000069582

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

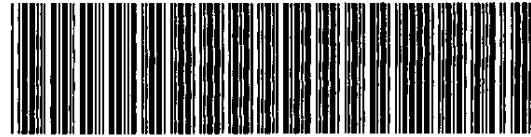
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER
SEP 20 2011

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Lalchandani Simon PL
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:

Kabir Lalchandani
Name of Person

Lalchandani Simon PL
Firm/Company

990 Biscayne Blvd, Office 503
Address

Miami, FL 33132
City/State and Zip Code

Kubs@lalchandanisimon.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kabir Lalchandani at (305) 773-3447
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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

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

The Articles of Organization for this Limited Liability Company were filed on 6/14/11 and assigned Florida document number L11000069582.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Lalchandani Simon PL
990 Biscayne Blvd, Office 503
Miami, FL 33132

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

Lalchandani Simon PL
990 Biscayne Blvd, Office 503
Miami, FL 33132

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Daniel Simon

New Registered Office Address:

990 Biscayne Blvd, Office 503
Enter Florida street address

Miami, Florida 33132
City Zip 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 608, 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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Kabir Lalchandani, Esq.	Lalchandani Simon PL 990 Biscayne Blvd, Office 503 Miami, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Daniel Simon, Esq.	Lalchandani Simon PL 990 Biscayne Blvd, Office 503 Miami, FL 33132	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Kabir Lalchandani, Esq.	90 Alton Road, Suite 1803 Miami Beach, FL 33139	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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 TALLAHASSEE, FLORIDA

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Dated September 15, 2011.

[Signature]

Signature of a member or authorized representative of a member

Kabir Lalchandani

Typed or printed name of signee