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D. BRUCE

DEC 8 2010

EXAMINER

COVER LETTER

Division of Co	orporations		
SUBJECT:	2240 Be	lleair Oaks, LLC	
<u></u>		ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	oondence concerning this matte	r to the following:	
		Vinanta Mundra	
		Name of Person	
2240 Belleair Oaks, LLC		240 Belleair Oaks, LLC	
		Firm/Company	
		. Dale Mabry Hwy Suite 114 Address	
		Tampa, FL 33614	
	City/State and Zip Code		
	E-mail address: (ndra@naidipcapital.com (to be used for future annual report notification)	
For further information	concerning this matter, please of	call:	10 DEC -7
Vir	nanta Mundra	at (813) 857-7334	Te P III
Name	of Person	Area Code & Daytime Telephone Number	EC-7 PHIZ: IL
Enclosed is a check for	the following amount:		-
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status &
МАП	LING ADDRESS:	STREET/COURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TG: Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	2240 Belleair Oaks, LL	C			
(<u>Name of the Limite</u>	ed Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.) ny)			
The Articles of Organization for this Limited Florida document numberL100001		November 3, 201	O and assigned		
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liability company	here:			
The new name must be distinguishable and end w'L.L.C."	vith the words "Limited Liability Co	mpany," the designation "	LLC" or the abbreviation		
Enter new principal offices address, if appl	icable:				
Principal office address MUST BE A STRE	ET ADDRESS)				
	-				
			5		
Enter new mailing address, if applicable:			<u> </u>		
(Mailing address MAY BE A POST OFFICE BOX)			3 3 III		
		_	977		
B. If amending the registered agent and registered agent and/or the new registered		on our records, enter	the name of the new		
Name of New Registered Agent:	Vinanta Mundra				
New Registered Office Address: 8902 N. Dale Mabry Hwy Suite 114					
		Enter Florida street add	lress		
	Tampa	, Florida	33614		
	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

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>	Address	Type of Action
MGR_	Pradip C Patel	8902 N. Dale Mabry Hwy Suite 114 Tampa, El. 33614	Add Remove
MGR	Vinanta Mundra	8902 N. Dale Mabry Hwy Suite 114 Tampa, FL 33614	Add ☐ Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary)	FILED 10.0EC-7 PH/2
Dated	November 28,	2010 nassass	
	Signature of a mer	mber of authorized representative of a member	
	Ту	Vinanta Mundra /ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00