

L170000002883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

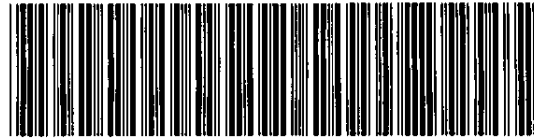
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FEB 02 2017

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NARNARAYANDEV 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:

KISHOR PATEL

Name of Person

HORIZON ACCOUNTING INC

Firm/Company

850 E HIGGINS RD STE 128

Address

SCHAUMBURG IL 60173-4788

City/State and Zip Code

info@horizonaccountinginc.com

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

For further information concerning this matter, please call:

VIJAYKUMAR SONI

Name of Person

513 510-8860
at ()

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

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

NARNARAYANDEV LLC

(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 01/04/2017 and assigned
Florida document number L17000002883.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

201 PLANTATION CLUB DR APT 807

(Principal office address MUST BE A STREET ADDRESS)

MELBOURNE FL 32940-1931

Enter new mailing address, if applicable:

201 PLANTATION CLUB DR APT 807

(Mailing address MAY BE A POST OFFICE BOX)

MELBOURNE FL 32940-1931

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:

New Registered Office Address:

201 PLANTATION CLUB DR APT 807

Enter Florida street address

MELBOURNE

Florida

32940-1931

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 605, 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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JAN 10 2017
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
AMBR	BHAVANA SONI	201 PLANTATION CLUB DR	<input type="checkbox"/> Add
		APT 807	<input type="checkbox"/> Remove
		MELBOURNE FL 32940-1931	<input checked="" type="checkbox"/> Change
AMBR	VIJAYKUMAR SONI	201 PLANTATION CLUB DR	<input type="checkbox"/> Add
		APT 807	<input type="checkbox"/> Remove
		MELBOURNE FL 32940-1931	<input checked="" type="checkbox"/> Change
MGR	MEET SONI	3300 SOUTH U.S.1	<input type="checkbox"/> Add
		EDGEWATER FL 32141	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA

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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.

Dated JANUARY 13TH, 2017

Typed or printed name of signee

Filing Fee: \$25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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