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EXAMINER



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SECRETARY OF STATE

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COVER LETTER

Division of Co	rporations			
SUBJECT:	DA			
	Name of Limi	ited Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Sheila Dayal Name of Person		
Dayal, LLC				
Firm/Company				
1500 Airport Rd				
Jacksonville, fl 32218				
City/State and Zip Code				
dayallc@comcast.net E-mail address: (to be used for future annual report notification)				
For further information	concerning this matter, please c			
Sheila Dayal Name of Person		at (904) 47 Area Code & Daytime T	72-8658	
Time !	or reison	Alea code de Dayinie I	elephone (value)	
Enclosed is a check for t	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:

TO:

Registration Section

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

	Dayal, LLC		
(Name of the Limited Liabil (A Florid	ity Company as it now appears a Limited Liability Company)	s on our records.)
`			
The Articles of Organization for this Limited Liability	Company were filed on	2002	and assigned
Florida document number L01000019722	<u></u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company here	:	
The new name must be distinguishable and end with the w"L.L.C."	ords "Limited Liability Compar	ny," the designation	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:			Zw =
(Principal office address MUST BE A STREET ADI	ORESS)		ES B
			>> T
	- 	·	
Enter new mailing address, if applicable:			ूद द 🔟
(Mailing address MAY BE A POST OFFICE BOX)	-		2: 3: 3: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:
Mulling duaress MAI BE A FOST OFFICE BOA			- 2 -
			
B. If amending the registered agent and/or reg		ur records, <u>ent</u>	er the name of the new
registered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:			
Name of New Registered Agent.			
New Registered Office Address:	Р.,	יי ויי	11
	Ente	er Florida street	address
		, Florida	
	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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action MGRM** Som Dayal 1500 Airport Rd Remove Jacksonville, FI 32218 Sheila Dayal MGRM 1500 Airport Rd ✓ Add Remove Jacksonville, Fl 32218 MGRM Pankaj Dayal 1500 Airport Rd ___ Add Jacksonville, Fl 32218 Manju Dayal MGRM Add Remove \square Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 23rd Dated __ Signature of a member or authorized representative of a member Sheila Dayal Typed or printed name of signee

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Filing Fee: \$25.00