AMENDED

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

ATX1

FILED

09 MAY -5 PM 5:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000076269

1. Entity Name

DHANLAXMI LLC.

DO NOT WRITE IN THIS SPACE

400154604844
05/01/09--01002--024 **50.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
32653 BLUE STAR HIGHWAY	
Suite, Apt. #, etc	Suite, Apt. #, etc.
City & State: MIDWAY, FL	City & State
Zip: 32343-2406 / Country	Zip / Country

4. FEI Number: 20-3250895 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: PATEL, ATUL

Street Address (P.O. Box Number is Not Acceptable): 12949 HUNTLEY MANOR DRIVE

City: JACKSONVILLE **FL** Zip Code: 32224

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	PATEL, ATUL
STREET ADDRESS	12949 HUNTLEY MANOR DR
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	MGRM
NAME	JOSHI, JAYSHRI
STREET ADDRESS	14070-1 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32250
TITLE	MGRM
NAME	JOSHI, JAYDISH
STREET ADDRESS	14070-1 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32250
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____ 04/17/09 9049929193

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #