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**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Division of	Corporations			
SUBJECT:	Su	riyah, LLC		
	Name of Lim	ited Liability Company		
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corr	espondence concerning this matter	r to the following:		
		Gordon Duncan		
		Name of Person		
	Du	ncan & Associates, P.A.		
		Firm/Company		
	1601	Jackson Street, Suite 10	1	
		Address		
		Fort Myers, FL 33901		
		City/State and Zip Code		
		gpatel527@gmail.com (to be used for future annual report no	otification)	1000 1000 1000
For further informati	on concerning this matter, please	call:		SECTION OCT 13
	Gordon Duncan	at ( 239 )	334-4574	•
Na	me of Person	Area Code & Day	time Telephone Number	M 9: 55
Enclosed is a check	for the following amount:			
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	sed) Certified	e of Status &
Re Di P.0	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 llahassee, FL 32314	STREET/COU Registration Sec Division of Cor Clifton Building 2661 Executive Tallahassee, FL	porations 3 Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited	Suriyah <u>I Liability Compa</u> A Florida Limited I	1, LLC ny as it now appears on our iability Company)	records.)			
The Articles of Organization for this Limited L Florida document number		were filed on Augus	st 8, 2005	and a	ssigne	d
This amendment is submitted to amend the foll	lowing:					
A. If amending name, <u>enter the new name o</u>	of the limited liab	ility company here:				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Company," the	designation "	LLC" or the	abbre	viation
Enter new principal offices address, if applic	cable:	5700 Harborage Dr.	-		<u> </u>	1 kurpje s
(Principal office address MUST BE A STREI	ET ADDRESS)	Fort Myers, FL 3390	08		<u> </u>	No. (Madam
					<u>ω</u>	3
		5700 11 1		4 600	АН 9:	5-1
Enter new mailing address, if applicable:		5700 Harborage Dr.		17771	<b>.</b> T	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		Fort Myers, FL 3390	J8		<b>万</b> 	
B. If amending the registered agent and registered agent and/or the new registered o		<u>e</u> :	ords, <u>enter</u>	the name	of th	e new
New Registered Office Address:						
			ida street add			
	F	Fort Myers	_, Florida	339		
		City		Zip Co	ae	

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

Page 1 of 2

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>	Type of Action
MGR_	Girish Patel	5700 Harborage Dr. Fort Myers, FL 33908	✓ Add ☐ Remove
MGR_	Bhula Patel	5568 Serenity Terrace Pleasanton, CA 94588	✓ Add ☐ Remove
MGR	Naren Patel	4709 Bridgetown Ct. Fort Wayne, IN 46804	
MGRM	Adcore, Inc.	220 Ponte Vedra Park Dr. Suite 140 Ponte Vedra, FL 32082	Add Add Remove
MGRM	Trinetra, Inc.	220 Ponte Vedra Park Dr. Suite 140 Ponte Vedra, FL 32082	CT Remove
D. If amend	ling any other information, enter o	change(s) here: (Attach additional sheets, if neces	Remove
_ _ _			
Dated	October 9.	2009	
	G	iember or authorized representative of a member  irish Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00