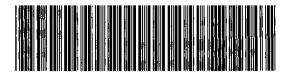
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SALLAHASSEE. FLORIC

J. BRYAN

NOV-1 0 2010

EXAMINER

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT:	Sai Arunacha Name of Limit	al, LLC ed Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Car	Name of Person	
		Firm/Company	
	13176 N. Dala	Matory Hwy., #2	10 MON -9 PM 1:38 SECRETARY OF STATE OF
	Tampa,	FL 33618 City/State and Zip Code	- FLORIDE T. 38
	E-mail address: (i	o be used for future and ual report notificat	on
For further information c	oncerning this matter, please c	all:	
Carlo Name o	3 Gomez f Person	at ( <u>813) 962 - 8</u> Area Code & Daytime T	679 elephone Number
Enclosed is a check for the	ne 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

Sai Aco (Name of the Limite	nachaal L	LC.	on our records )	
(Fame of the Emile)	Liability Company A Florida Limited Lia	bility Company)	on our records.	
The Articles of Organization for this Limited I	iability Company w	vere filed on	126/2005	and assigned
Florida document number <u>LØ5ØØØ1Ø</u>	1929		, ,	
This amendment is submitted to amend the fol	lowing:			
A. If amending name, enter the new name of	of the limited liabil	ity company here:		
The new name must be distinguishable and end w "L.L.C."	ith the words "Limite	d Liability Company	," the designation "l	LC" or the abbreviation
Enter new principal offices address, if appli	cable:			
(Principal office address MUST BE A STRE.	ET ADDRESS)			
				强气产
Enter new mailing address, if applicable:				SE O IT
(Mailing address MAY BE A POST OFFICE	BOX)			FO F C
•				TS.
B. If amending the registered agent and	or registered offi	ce address on ou	r records enter :	the name of the new
registered agent and/or the new registered of	-		records, enter	the hame of the new
Name of New Registered Agent:	Carlo	os Gomez		
New Registered Office Address:	13176 N.	Dale Mabo	v Hwy, #	232
			r Florida street add	lress
	Tar	npa	, Florida	33618
		Cîty		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as register the provisions of all statutes relative to the accept the obligations of my position as reg being filed to merely reflect a change in the company has been notified in writing of this	proper and comple sistered agent as pr cregistered office o	ete performance of covided for in Cha	f my duties, and I apter 608, F.S. <u>Or</u> ,	am familiar with and if this document is
	If Chang	ing Registered Agent	, Signature of New R	egistered Agent

Page 1 of 2

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = M	lanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Alpa Patel	5625 Major Blud. Orlando, FL 32819	Add Remove
MGRM	Anand Patel	8884 Della Scala Dr. Orlando, FL 32836	✓ Add ☐ Remove
MGR	Babu C. Patel	1107 Liberty Hall Dr. Kissimmee, FL 34746	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	y.)
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Dated		010	PH 1:38 PH 1:38
		ur Getel	
	•	er or authorized representative of a member	
	Nayana Type	Pate\ d or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00