

LOS 000114062

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

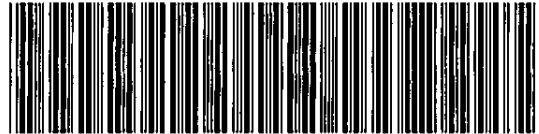
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700163355347

12/07/09--01012--012 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 DEC -7 PM 1:17

FILED

T. CLINE

DEC - 8 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BALA, 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:

R.G. RAJU, CPA
Name of Person

RELIANCE CONSULTING, LLC
Firm/Company

3105 W WATERS AVE STE 105
Address

TAMPA, FL 33615
City/State and Zip Code

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

FILED
2009 DEC -7 PM 1:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

R.G. RAJU, CPA at (**813**) **931-7258**
Name of Person 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**

BALA, 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 11/29/2005 and assigned
Florida document number L05000114062.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6815 GALL BLVD

ZEPHYRHILLS, FL 33542

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6815 GALL BLVD

ZEPHYRHILLS, FL 33542

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:

RASHMIKANT KANANI

New Registered Office Address:

6815 GALL BLVD

Enter Florida street address

ZEPHYRHILLS

, Florida

33542

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.

Rashmikant Kanani
If Changing Registered Agent, Signature of New Registered Agent

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

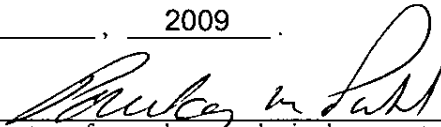
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	RASHMIKANT KANANI	189 ASHFIELD CT BLOOMINGDALE, IL 60108	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

2009 DEC 7 PM 1:17
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

PLEASE SEE ATTACHED SHEET FOR ADDITIONAL CHANGES.

Dated DECEMBER 4, 2009


 Signature of a member or authorized representative of a member
PANKAJ M PATEL
 Typed or printed name of signee

New Addresses:

Chaitanya U Patel
189 Ashfield Ct
Bloomington, IL 60108

Parul C Patel
6815 Gall Blvd
Zephyrhills, FL 33542

Rajiv Kanani
6815 Gall Blvd
Zephyrhills, FL 33542

FILED

2009 DEC -7 PM 1:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA