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M. THOMAS

SEP 2 3 2008

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT:
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Meil Mirchandani (Name of Person)
St. Peters burs FC 33 (City/State and Zip Code)
For further information concerning this matter, please call: Med Mychandon at 127 384-2356 (Name of Person) (Area Code & Daytime Telephone Number)

Epclosed 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

Mirchitta U	
(Name of the Limited Liability Compan (A Florida Limited Li	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 1138/35 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	<u>ility company here</u> :
The new name must be distinguishable and end with the words "Limit "L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	6415 St Avel
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	6415 1st ABAGE St. Detenburg CC
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ffice address on our records, <u>enter the name of the new</u>
Name of New Registered Agent:	
New Registered Office Address:	(Enter Florida street address)
	. Florida
	(City) (Zip Code)
No. Desistered Assessing Clausetone if the entire Desistered Accepts	

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Type of Action **Title** <u>Name</u> <u>Address</u> ☐ Add Remove □ Add Remove _ Add Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) sture of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00