L06000021378

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SECRETARY OF STATE

J. BRYAN

MAY -3 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bhavsar, Gifford & Hagood	
(Name of Limited Li	ability Company)
The enclosed member, managing member or mana filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this n	natter to:
Peter P. Hagood	
(Contact Person)	
Bhavsar, Gifford & Hagood, LLC	APR 3
(Firm/Company)	**************************************
1053 Maitland Center Commons, Su	ID APR 30 AM 8: 19 SECRETARY OF STATE ALLA AHASSEE, FLORID ite 101
(Address)	- Fig. 19
Maitland, Florida 32751) and
(City/State and Zip Code)	
For further information concerning this matter, ple	ease call:
Peter P. Hagood at (407 425-1202
(Name of Contact Person) (A	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Bhavsar, Gifford 8 (Name of the Limited Liability Company (A Florida Limited Liability)	Hagood, LLC y as it now appears or ability Company)	our records.)			
The Articles of Organization for this Limited Liability Company vi Florida document numberL06000021378	vere filed on	02/28/06		and ass	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabili	ity company here:				
GIFFORD & HAG	SOOD, LLC				
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company,"	the designation "	'LLC''	or the	abbreviation
Enter new principal offices address, if applicable:			-1446		
(Principal office address MUST BE A STREET ADDRESS)			Z'S	ರ	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			WHASSEE, FUORIDA	PR 30 AH &: 19	
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:		records, <u>enter</u>	the r	name o	f the new
Name of New Registered Agent:	···				
New Registered Office Address:			_		
	Enter Florida street address				
		, Florida			
	City		Z	ip 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.

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 Address **Title** Name Kashmira Bhavsar **MGRM** ☐ Add
☑ Remove 1053 Maitland Center Commons Suite 101 Maitland, Florida 32751 ☐ Add Remove Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 6 2010 Dated _____ Signature of a member of authorized representative of a member Peter P. Hagood Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00