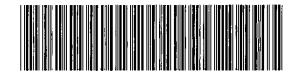
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(R	equestor's Name)				
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SECRETARY OF STATE
TALL AHASSEF FLORIO

J. BRYAN

DEC -7 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	ALANKAR ON Name of Limit	INE, LLC ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	ATUL	J. SOUWKI		09 DEC - SECRETA
	CIGAR	CASTLE Firm/Company		TARY OF STA
÷	11724 N	Address	习	3: 16 TATE LORIDA
•	TAMBA	FZ - 33617 City/State and Zip Code		
	INFO @BE	VERACECOSTUE o be used for future annual report notifica	tion) COY	
For further information of	concerning this matter, please c	all:		
ATUL Name o	J.SOLANKI of Person	at (<u>613</u>) <u>985</u> Area Code & Daytime T)300 elephone Number	
Enclosed is a check for t	he 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 Certificate of Certified Co (additional	of Status &

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

(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 Lia Florida document number	bility Company wer が見る373)	e filed on	30/06	and rassigned				
This amendment is submitted to amend the follow	wing:							
A. If amending name, enter the new name of the limited liability company here:								
The new name must be distinguishable and end with "L.L.C."	the words "Limited L	iability Company," th	e designation "	LLC" or the abbreviation				
Enter new principal offices address, if applical	ble:	STIME	AS	PREVIOUS				
(Principal office address MUST BE A STREET								
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be	<u>ox)</u>							
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office ce address here:	address on our re	cords, <u>enter</u> (the name of the new				
Name of New Registered Agent:	ATUL	J. SOLY	n*I					
New Registered Office Address:	11724	N. 56 TH Enter Flo	ST. rida street ada	lress				
	TAMO	A	_, Florid a	33617 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 liftited 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: us bushons MGR = Manager MGRM = Managing Member Address Type of Action Title Name ☐ Add ☐ Remove Remove ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Dated Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00