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# **COVER LETTER**

Division of Corporations			
SUBJECT: AYURSPIRIT 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:			
Dr. Aparna Bapat (Name of Person)			
Ayurspirit LLC (Firm/Company)			
10036 Watermark Lane west			
(Address)			
Jacksonville, FL-32256			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Dr. A Parna Bapat at 646 298-5825 (Name of Person) (Area Code & Daytime Telephone Number)			
(Name of Person) (Area Code & Daytime Telephone Number)			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,			
Certificate of Status  Certified Copy  (additional copy is enclosed)  Certificate of Status &  (additional copy is enclosed)  Certificate of Status &  (additional copy is enclosed)			

### MAILING ADDRESS:

TO:

Registration Section

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

# TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	HIUKSPIKLI LLC	_
	(Present Name) (A Florida Limited Liability Company)	
FIRST:	The Articles of Organization were filed on 08-09-2006 and assigned document number 301814 CHD.	
SECOND:	This amendment is submitted to amend the following:	
	Please amend the old address	
	on which the company is Registered (8787 southside Blvd, Apt # 1011,	
•	(8787 southside Blvd, Apt # 1011,	
	Jacksonville, FL-32256) to	
	New Address -	
•	Agurspirit LLC	
	10036 watermark lane west	
	Jacksonville, fl-32256.	•
		•
	_	
	77	SECF /ISIC
Dated	7 Feb , 2007.	- <b>조</b> 유 - 유주도 -
		800 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
	Abapat	
	Signature of a member or authorized representative of a member	
	Dr. Aparna Bapat  Typed or printed name of signee	<del>f</del> a
	Typed or printed name of signee '	

Filing Fee: \$25.00