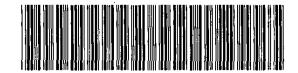
## L07000007732

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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07/09/10--01002--009 \*\*25.00



D. BRUCE

JUL 22 2010

**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 12, 2010

JEAN DEJESUS 2935 PEMBRIDGE STREET KISSIMMEE, FL 34747

SUBJECT: VEERASAMMY MANGALI LLC

Ref. Number: L07000007732

We have received your document for VEERASAMMY MANGALI LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 910A0001683@

10 JUL 21 PH 4: 28

## **COVER LETTER**

•_			
	ation Section n of Corporations		
SUBJECT:	Veera Samme Name of Limi	J. Hangali LLC itgd Liability Company	· ·
	ticles of Amendment and fee(s) are sub correspondence concerning this matter	-	
	lear	Name of Person	<del></del> .
	Deje	sus Accounting Service	es, Inc.
	<b>2</b> 03	5 Pendridge St.	
	<u>Kissin</u>	nmel, FL 34747 City/State and Zip Code	L 21 P
	E-mail address: (i	io be used for fugure annual report notification)	M 1: 28
For further infor	mation concerning this matter, please o	call:	No.
	Name of Person	at ( 407) 301- 4 794 Area Code & Daytime Telephone N	umber .
Ènclosed is a che	eck for the following amount:	·	
S25.00 Filing Chready Sub	Contification of Chapter	Certified Copy , Cer (additional copy is enclosed) Cer	00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
	MAILING ADDRESS:	STREET/COURIER ADDRE	SS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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 Com	pany as it now appears on our records.) ed Liability Company)				
(A Florida Limite	ed Liability Company)				
The Articles of Organization for this Limited Liability Compa	any were filed on $1/22/2007$ and assigned				
Florida document number <u>L0700607732</u> .					
	·				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	iability company here:				
	and the same of th				
The new name must be distinguishable and end with the words "L "L.L.C."	imited Liability Company," the designation "I abbreviation				
Enter new principal offices address, if applicable:	<u>5≥ ~ </u>				
(Principal office address MUST BE A STREET ADDRESS)					
	2				
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h	office address on our records, enter the name of the new				
Name of New Registered Agent:	Dejesus Accounting Services Inc				
New Registered Office Address: 2	935 Pembridge St Enter Florida street address				
<i>K</i>	USSIMMEL, Florida 34747  City Zip Code				
Navy Decistant Acousts Signature if shanging Degistant Age					

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 regards:

MGR = Mar MGRM = M	nager anaging Member		
Title	<u>Name</u>	Address	Type of Acti
MERM/P	Veekasamny Mangali	ORIANDO, FL 32839	Add Remove
<u>p.</u>	Padmini L. Mangali	5642 Pendleton DR.	Add Remove
	·		Add Remove
`		· · · · · · · · · · · · · · · · · · ·	Add Remove
		,	Add
			Add Remove
D. If amend	ing any other information, enter change(	s) here: (Attach additional sheets, if necessary	10 JUL 21 PI
			1 4: 28 3mail
Dated	July 20, 20, 20, Signature of a member of	r authorized representative of a hember	
	VEERASAMMI	r printed hame of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00