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SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sai Agurvedic School of Miami, 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:	
Socorro Tello, Director (Name of Person)	
Sai Ayurvedic College of Miami Es =	
9718 S.W. 138th Avenue (Address) Miami, FL. 33186 (City/State and Zip Code)	
(Address)	ī
Miami, FL. 33186 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Socorro Tello at (305) 726 - 5003 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ Certified Copy \\ \text{(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

Sai Ayuryeoic School (Name of the Limited Liability Compa- (A Florida Limited L	of MiAMI, L	LC
(<u>Name of the Limited Liability Compa</u> (A Florida Limited L	n∦ as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number <u>2070008373</u> 4	A	
This amendment is submitted to amend the following:		P 37
A. If amending name, enter the new name of the limited liab		<u> </u>
SAJ AYURYEDIC COLLEGE + A	YURVEDIC WELL	LNESS CENTER LL
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	9718 SW 13 MIAMI, FL	8th Avenue
(Principal office address MUST BE A STREET ADDRESS)	MIAMI, FL	· 33 <i>186</i>
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	9718 SW 1 Miami , FL	1384 Avenue 33186
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ords, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	·	
——————————————————————————————————————	(Enter Flor	ida street address)
		, Florida
	(City)	(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 limited liability company has been notified in writing of this change.

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 <u>Title</u> <u>Name</u> Address Type of Action Add ☐ Remove Remove Remove Remove ___ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member ELLO SOCORRO Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00