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EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Care Annapurna LLC				O5
Care Annapurna UC (Name of the Limited	Liability Compan Florida Limited Li	v as it now appears or ability Company)	our records.	
The Articles of Organization for this Limited L				_ and assigned
Florida document number <u>Lo 70000858 59</u>	·	,		
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name o	f the limited liabi	lity company here:		
Little Atlens Gyroccc The new name must be distinguishable and end wit "L.L.C."	th the words "Limite	ed Liability Company,	the designation "LL	C" or the abbreviation
Enter new principal offices address, if applic	able:			<u></u>
(Principal office address MUST BE A STREE	TADDRESS)			
Enter new mailing address, if applicable:				•
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and/or the new registered of			records, <u>enter the</u>	name of the new
Name of New Registered Agent:	Meena Rogin	neb		
New Registered Office Address:	666-5 W	Tennessee St Enter I	lorida street addre	555
	Talkhane	C';	, Florida <u>3)</u> `	
		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 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 **Title** <u>Name</u> **Address** 666-5 Witemessee St MGRM Meera Ragreb Add Remove Tallahousee FL 32304 MGRM Tulee Shrestha ∏ 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 Meena Ragne b
Typed or printed name of signee

Page 2 of 2

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