## L08000001073

(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
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SECRETARY OF STATE OF CORPORATION

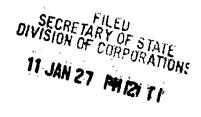
RE-COMMON JAN 28 2011

## **COVER LETTER**

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TO:	Registration S Division of Co					
SUBJECT: P & SIMRAN, LLC						
501201	Name of Limited Liability Company					
The en	closed Articles of	Amendment and fee(s) are sub	mitted for fili	ng.		
Please	return all correspo	ondence concerning this matter	tò the followi	ng:		
		Joseph Villate  Name of Person				
			Joseph Vil	late CPA		
	Firm/Company					
	250 Catalonia Ave, #506					
			Addr			
	Coral Gables, FL 33134  City/State and Zip Code					
		Me	eetRai@ho	otmail.com	٠	
For fun	ther information c	E-mail address: (to	o be used for fu	iture annual report	notification)	
	<u>`</u>	seph Villate	at (_3	305)	541-4	
	Name o	f Person.		'Area Code & Da	nytime Teleph	one Number
Enclose	ed is a check for the	nė following amount:				
<b>₹</b> 25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	Certifi	filing Fee & ed Copy onal copy is encl	_	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
			:	•		
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	į	STREET/CO Registration S Division of Co Clifton Buildin 2661 Executiv Tallahassee, F	ection orporations ng e Center Circ	,

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



P & SIMR	RAN, LLC			
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our in Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company	were filed on01/03	3/2008 and assigned		
Florida document number L0800001073				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company here:			
Gems of E	ast LLC			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the do	esignation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	250 Catalonia Ave, #506			
(Principal office address MUST BE A STREET ADDRESS)	Coral Gables, FL 331	34		
Enter new mailing address, if applicable:	250 Catalonia Ave, #	506		
(Mailing address MAY BE A POST OFFICE BOX)	Coral Gables, FL 33134			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here  Name of New Registered Agent:  New Registered Office Address:	<u>e:</u> Enter Florida	ds, enter the name of the nev  a street address		
	City	Zip Code		

New Registered Agent's Signature, if changing Registered Agent:

وأ عسمته

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 <u>Title</u> <u>Name</u> Address Type of Action MGRM Inder Singh 250 Catalonia Ave, #506 ✓ Add Coral Gables, FL 33134 Remove ☐ Add Remove Add 🔲 Remove Remove  $\square$ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 01-21-2013 Dated Signature of a member or authorized representative of a member TNDER JIT SINGH
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00