| (Re | equestor's Name) | |
|------------------|--------------------|-------------|
| | | |
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Вс | usiness Entity Nar | ne) |
| (Do | ocument Number) | • |
| Certified Copies | Certificates | s of Status |
| | | |

Special Instructions to Filing Officer:

L. SELLERS

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EXAMINER

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professional and the state of the

COVER LETTER

| TO: Registration Se Division of Cor | ction porations 1 | | |
|--|--|--|---|
| SUBJECT: | JAY N | 1ATADI LLC | |
| - | Name of Limit | ed Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub | mitted for filing. | |
| Please return all correspo | ndence concerning this matter | to the following: | |
| | PRABO | ODH C. PATEL, ESQUIRE | <u> </u> |
| | | Name of Person | |
| | ST | RAUS & PATEL, P.A. | |
| | | Firm/Company | |
| | 118 W | VEST ORANGE STREET | |
| | | Address | |
| | ALTAMO | ONTE SPRINGS, FL 327 | 14 |
| | | City/State and Zip Code | |
| | spatel E-mail address: (1 | @moyerstrauspatel.com o be used for future annual report not | ification) |
| For further information c | oncerning this matter, please c | all: | |
| | lh C. Patel, Esq. | at (_407_)Area Code & Daytin | 331-5505 |
| Name o | f Person | Area Code & Daytii | me Telephone Number |
| Enclosed is a check for the | ne following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55,00 Filing Fee & Certified Copy (additional copy is enclose | Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (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

| | | ATADILLO | · | |
|--|---|---|-----------------------------|-------------------------|
| (<u>N</u> a | ame of the Limited Liability Cor (A Florida Limit | mpany <u>as it now appear</u> ted Liability Company) | <u>s on our records.</u>) | |
| | , | ,, , | | |
| The Articles of Organization | for this Limited Liability Comp | oany were filed on | 08/01/2008 | and assigned |
| Florida document number | L08000074004 | | | |
| | | | | |
| This amendment is submitted | I to amend the following: | | | |
| A. If amending name, enter | r the new name of the limited | liability company her | <u>e</u> : | |
| The new name must be disting: "L.L.C." | rishable and end with the words " | Limited Liability Compa | ny," the designation "L | LC" or the abbreviation |
| Enter new principal offices | address, if applicable: | | | |
| (Principal office address MU | <u>UST BE A STREET ADDRESS</u> | <u> </u> | | |
| | | | | |
| | | | | |
| Enter new mailing address, | if applicable: | | | |
| (Mailing address MAY BE A | | | | |
| | | | | |
| | | <u> </u> | | |
| B. If amending the regist | tered agent and/or registered | d office address on o | our records, <u>enter t</u> | he name of the new |
| registered agent and/or the | new registered office address | here: | | |
| | | | | |
| Name of New Regis | stered Agent: | | | |
| New Registered Off | fice Address: | | _ | |
| New Registered Off | ioc rearess. | Ent | ter Florida street ad | 8 8 9 |
| | | | A | |
| | | City | , Florida 🛂 | ZipCode |
| New Registered Agent's Sign: | ature, if changing Registered Ag | • | L | S P M |
| | | | | |
| I hereby accept the appoint | ment as registered agent and | agree to act in this co | apacity. I further a | ee to mply with |
| the provisions of all statute | s relative to the proper and co | omplete performance | of my duties, and Pa | m familiar with and |
| | y position as registered agent t a change in the registered oj | | | |
| company has been notified | | унсе ининезя, і негену | conjuni ina me me | тси нионну |
| 2 | O 0 | | | |

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 = Mana MGRM = Mar | ger | | |
|--------------------------|---|---|--------------------|
| <u>Title</u> | Name | Address | Type of Action |
| MGRM | RINKU S. PATEL | 7685 St. Stephens Ct Orlando, FL 32835 | _ |
| MGRM | JAGAT K. PATEL | 7685 St. Stephens Ct. Orlando, FL 32835 | Add Remove |
| | | | Add Remove |
| | | | Add Remove _ |
| | | | Add Remove |
| | | | Add Remove |
| D. If amending | g any other information, enter change(s |) here: (Attach additional sheets, if necessary.) | - |
| Dated | November 11 2009 | ASSET OF | |
| | ASHOK | <u> </u> | <u>a</u> |

Page 2 of 2

Filing Fee: \$25.00