

L09000006552

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

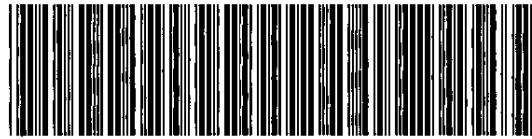
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900287088339

06/24/16--01018--020 **25.00

FILED
16 JUL -8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 11 2016
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Shri Krishna 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:

Logan McEwen

Name of Person

McEwen DuBovis P.A.

Firm/Company

774 State Road 13 North, Suite 8

Address

Jacksonville, Florida 32259

City/State and Zip Code

ppatel1501@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Logan McEwen

904 7019590

Name of Person

at ()
Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 27, 2016

LOGAN MCEWEN
MCEWEN DUBOVIS P.A.
774 STATE ROAD 13 NORTH, SUITE 8
JACKSONVILLE, FL 32259

SUBJECT: SHRI KRISHNA LLC
Ref. Number: L09000006552

2016 JUL -8 PM 3:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for SHRI KRISHNA 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):

The registered agent must sign accepting the designation.

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) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 516A00013492

FILED
16 JUL -8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Shri Krishna LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 20, 2009 and assigned
Florida document number L09000006552.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1029 West University Avenue

Gainesville, Florida 32601

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

20 North Evergreen Road

Apartment 233P

Edison, New Jersey 08837

FILED
16 JUL -8 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

McEwen DuBovis P.A.

New Registered Office Address:

774 State Road 13 North, Suite 8

Enter Florida street address

Jacksonville

City

, Florida 32259

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 605, 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.



10 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Amit B Thakker	1114 SW 104TH STREET	<input type="checkbox"/> Add
		GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Parth Patel	20 North Evergreen Road	<input checked="" type="checkbox"/> Add
		Apartment 233P	<input type="checkbox"/> Remove
		Edison, New Jersey 08837	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change


FILED
JUL 16 2018
AM 8:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

[illegible]

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.


Signature of a member or authorized representative of a member

Parth Patel
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA