

LO 9000036945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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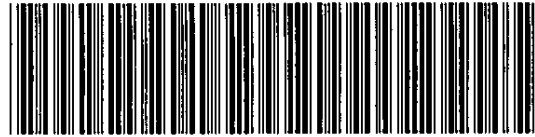
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

JUN 29 2009

EXAMINER

FROM : TIME N SHADE INC,

PHONE NO. : 407 370 7077

Jun. 29 2009 10:40AM P5

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Name of Limited Liability Company
RADHA AND KRISHNA OF CENTRAL FLORIDA
LLC.

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Naginbhai M. Patel.

Firm/Company

Radha and Krishna of central
Florida LLC

Address

6741 Sorento street.

City/State and Zip Code

Orlando, FL - 32819

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

prishma1@netzero.net

For further information concerning this matter, please call:

Naginbhai M. Patel.
Name of Person

at (407) 923-4684

Area Code & Daytime Telephone Number

FAX 407-650-3384

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

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

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

RADIHA AND KRISHNA OF CENTRAL FLORIDA LLC.

The Articles of Organization for this Limited Liability Company were filed on, 4-16-09 and assigned
Florida document number 109000036945

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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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:

DHARMENDRA J. PATEL

New Registered Office Address:

Enter Florida street address
6741 SORRENTO ST.
City ORLANDO, Florida Zip Code 32819

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

FROM : TIME N SHADE INC.

PHONE NO. : 407 370 7077

Jun. 29 2009 10:40AM P4

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

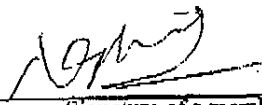
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
09 JUN 29 AM 11:20

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 6-12-09



Signature of a member or authorized representative of a member

Manginbhai M. Patel
Typed or printed name of signee