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COVER LETTER

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TO: Registration Section Division of Corporations	1
SUBJECT: Sonksrifi 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:	
Panthini D. Shah.	
Name of Person	
SANKSRITI LLC.	
Firm/Company	
5318 WINROSE FALLS D	<u> </u>
JACKSUNVILLE, FL-39257 City/State and Zip Code	<u> </u>
City/State and Zip Code Jignesh kapadia hotmo Jimail address: (to be used for future annual report notification)	<u>ilicom</u>
For further information concerning this matter, please call:	
Tignesh Kapadia at 904-610-740 Name of Person Area Code & Daytime Telepho) (_ ne Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ \$55.00 Filing Fee & \text{Certified Copy} (additional copy is enclosed)}\$\$	660.00 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 TO ARTICLES OF ORGANIZATION 09 JUN 23 AM 7: 06



SANKSRITI LLC.

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

(A Florida Limited Liability Company) Florida document number LO900059153 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SANSKRITI LIC. The new name must be distinguishable and end with 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent