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SECRETARY OF STATE
AND ASSEE, FLORIDA

M. THOMAS

OCT 28 2009

EXAMINER

COVER LETTER

Registration Section Division of Corporations

SUBJECT:		NG & BEYOND II, LLC	<u>; </u>		
	Name of Lini	ned Liability Company			
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
	Neeraj Sharma, MD				
		Name of Person			
			TAS SEE		
	Firm/Company				
	1848	Redwood Grove Terrace	OCT 27 AF		
	Address				
			ZOUS OCT 27 MIO: 40 ZOUS OCT 27 MIO: 40 SECRETARY OF STATE TALLAHASSEE. FLORID.		
	Lake Mary, FL 32746 City/State and Zip Code				
	1	nsharma@cfl.rr.com	2		
	E-mail address: (to be used for future annual report not	ification)		
For further information	concerning this matter, please of	call:			
Nee	rai Charma MD	000	774 4000		
	raj Sharma, MD of Person	at (386) Area Code & Dayti	774-1223 me Telephone Number		
		·	•		
Enclosed is a check for	the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filing Fee,		
	Certificate of Status	Certified Copy (additional copy is enclose	Certificate of Status &		
	ING ADDRESS:	STREET/COUR	NIER ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive C Tallahassee, FL 3	Center Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Nome of the Limited Liebility Co	G & BEYUND II,	LLU	
(<u>Name of the Limited Liability Co</u> (A Florida Limi	ited Liability Company)	s on our recorus.	
The Articles of Organization for this Limited Liability Comp. Florida document numberL0900064214	pany were filed on	07/02/2009	and assigned
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited	liability company here	ii Alla	THE PARTY
The new name must be distinguishable and end with the words "L.L.C."	Limited Liability Compar	ny," the designation "L	or the abbreviation
Enter new principal offices address, if applicable:			- 07 E
(Principal office address MUST BE A STREET ADDRES.	<u></u>		ABER O
Enter new mailing address, if applicable:	1848 Redwoo	d Grove Terrace	
(Mailing address MAY BE A POST OFFICE BOX)	Lake Mary, FL 32746		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	s here:	er Florida street addr	
	City	, Florida	Zip Code
	Cuy		ыр Соае

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

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

Title Name 1 Address Type of Action **MGRM** Neeraj Sharma, MD ___ Add 848 Redwood Grove Terrace Remove Lake Mary, FL 32746 MGR₁ Neeraj Sharma, MD 1848 Redwood Grove Terrace √ Add Lake Mary FL 32746 ☐ Remove 1555 Saxon Blvd., Suite 601 MGR_ Bishnu Verma, MD 32725 Remove MGR Rajendra Hippalgaonkar MD 3055 Alatka Court Longwood, FL 32779 Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) October 2009 Dated_ Signature of a member or authorized representative of a member Neeraj Sharma, MD Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00