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05/24/10--01059--010 **25.00



D. BRUCE

MAY 26 2010

EXAMINER

COVER LETTER

	ion Section of Corporations		
SUBJECT:	SHRE	E KRUPA LLC	
	Name of Lin	nited Liability Company	_
The enclosed Artic	les of Amendment and fee(s) are so	ubmitted for filing.	
Please return all co	rrespondence concerning this matte	er to the following:	
		JAGRITI SHEKHADIA	
		Name of Person	
		Firm/Company	_
	34	455 FERNLAKE PLACE	_
		Address	Trap
	L	ONGWOOD, FL 32779 City/State and Zip Code	
	SH	EKHADIA@GMAIL.COM	MAY 24
For further informa	E-mail address: tion concerning this matter, please	(to be used for future annual report notification)	a a m
J۵	GRITI SHEKHADIA	at (_407) 333-1544	25 6: D
	ame of Person	Area Code & Daytime Telephone Num	
Enclosed is a check	for the following amount:		
₹ \$25.00 Filing Fo	ee \$\int_\$30.00 Filing Fee & Certificate of Status	Certified Copy Certif (additional copy is enclosed) Certif	Filing Fee, ĭcate of Status & ĭed Copy ional copy is enclosed)
R D P	IAILING ADDRESS: egistration Section livision of Corporations O. Box 6327 allahassee, 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 no (A Florida Limited Liability Co	w appears on our records.) mpany)
The Articles of Organization for this Limited Liability Company were filed Florida document numberL0900086583	on05/20/2010 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability comp	any here:
The new name must be distinguishable and end with the words "Limited Liabilit"L.L.C."	y Company," the designation "LLC" or the abbreviat
Enter new principal offices address, if applicable:	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	AH 8: 44
B. If amending the registered agent and/or registered office address here:	ess on our records, enter the name of the n
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	. Florida
City	Zip Code

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 **Address** Type of Action **MGRM** PATEL VASANTBEN R 429 FOUNTAINHEAD CIR ☐ Add #124 ✓ Remove KISSIMMEE, FL 34741 ☐ Add Remove ☐ Add Remove Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.); MAY 20th 2010 Signature of a member or authorized representative of a member JAGRITI SHEKHADIA Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00