

L09000086752

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

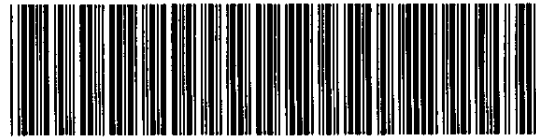
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900161747179

10/23/09--01026--006 \*\*25.00

FILED  
09 NOV 18 PM 2:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. HAWKES

NOV 19 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 28, 2009

SANDIP PATEL  
5130 COMMERCIAL WAY  
SPRING HILL, FL 33809

SUBJECT: SHIVA 55 LLC  
Ref. Number: L09000086752

We have received your document for SHIVA 55 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):

Because articles of correction must be submitted within 30 business days of the filed date, the enclosed document cannot be filed and is being returned to you.

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) 245-6955.

Suzanne Hawkes  
Regulatory Specialist II

Letter Number: 709A00033976

900161747179

10/23/09

01026 006

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SHIVA 55 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:

Sandip Patel

Name of Person

Firm/Company

5130 COMMERCIAL WAY

Address

SPRING HILL, FL 34606

City/State and Zip Code

alpat169@gmail.com

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

For further information concerning this matter, please call:

Sandip Patel

Name of Person

at ( 630 )

562-7250

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

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

**SHIVA 55 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 09-08-2009 and assigned  
Florida document number L09000086752

**FILED**  
09 NOV 18 PM 12:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

5130 COMMERCIAL WAY

SPRING HILL, FL 34606

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5130 COMMERCIAL WAY

SPRING HILL, FL 34606

**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

Florida

City

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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	SANDIP P. PATEL	6011 103RD STREET #11 JACKSONVILLE, FL 32210	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	ALKESH PATEL	5130 COMMERCIAL WAY SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	NIRAV PATEL	5130 COMMERCIAL WAY SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	MANZIL PATEL	5130 COMMERCIAL WAY SPRING HILL, FL 34606	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated NOVEMBER 12, 2009

  
Signature of a member or authorized representative of a member

SANDIP P. PATEL  
Typed or printed name of signee