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B. BOSTICK

MAY 1 0 2011

COVER LETTER

TO: Registration So Division of Co			
SUBJECT: May	uti Transit Gr	oup UC	
Sebater	Name of Limi	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
·	Gloria Ma	-	· · · · · · · · · · · · · · · · · · ·
	Maruti Tra	Name of Person NSIH Group, LIC Firm/Company	
	•	Edgented Avenu	
	Jax FL 32	2205 City/State and Zip Code	11 HAY -6
•	y to tect that the	TO THE WHITH ANSITY (m He F
	E-mail address: (1	to be used for future annual report notification	All 9: 5
For further information of	concerning this matter, please c	all:	PATE ORIC
Gloria Mar	CHM	at (94) 387-147	17 E
Name o	of Person	Area Code & Daytime Tel	
Enclosed is a check for t	, -		
\$25.00 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)
Registi Divisio P.O. B	AING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	x,

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Maruti Transit G	nue UC		
(Name of the Limited Liability C	ompany as it now appears on our recornited Liability Company)	<u>ds.</u>)	
The Articles of Organization for this Limited Liability Con Florida document number <u>LD9 00010 06 62</u>		and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and end with the words	"Limited Liability Company," the design	ation "LLC" or the abbreviation	
"L.L.C." Enter new principal offices address, if applicable:		TALL SEC	
(Principal office address MUST BE A STREET ADDRE	SS)		
·		· 82 - 5 9 9 -	
Enter new mailing address, if applicable:		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)	-	57 RIDA	
B. If amending the registered agent and/or register registered agent and/or the new registered office addres		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Flor		
	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 **Title** <u>Name</u> **Type of Action Address** MGR Amit Kumar Member Amit Kumar ☐ Add Remove 1050 South Edgewood Avenue Add ☐ Add ☐ Remove ∏ Add Remove □Add Remove ☐Remove = D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary,) I am removing the title for Amiticumar from manager to member Dated March 8 Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00