

LD9000108000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

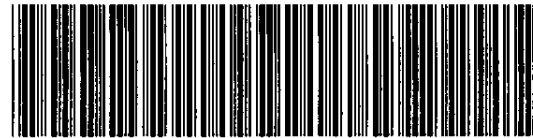
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES

SEP 28 2010

EXAMINER

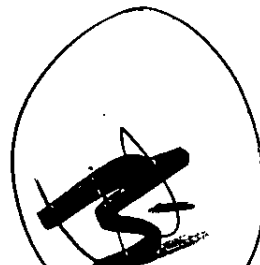
S. HAWKES

SEP 14 2010

EXAMINER

SEP 28 2010

EXAMINER





FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 14, 2010

SMITA PATEL
9146 PHILLIPS GROVE TERRACE
ORLANDO, FL 32836

SUBJECT: SANI SAI, LLC
Ref. Number: L09000108060

We have received your document for SANI SAI, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 610A00021828

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Change Members
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:

Smita Patel

Name of Person

N/A

Firm/Company

9146 Phillips Grove Terrace

Address

Orlando, FL 32836

City/State and Zip Code

smita.patel@disney.com

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

For further information concerning this matter, please call:

Smita Patel

Name of Person

at (407)

560-4739

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
SANI SAI, 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 November 9, 2009 and assigned
Florida document number L09000108060.

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 "LLC."

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

_____, 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>
MGR	Smita Patel	9146 Phillips Grove Terrace Orlando, FL 32836	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Smita Patel	9146 Phillips Grove Terrace Orlando, FL 32836	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Manoj Patel	9146 Phillips Grove Terrace Orlando, FL 32836	<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 September 7, 2010

Manoj Patel (MANOJ PATEL)
Signature of a member or authorized representative of a member

Typed or printed name of signee