

609 000 119764

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

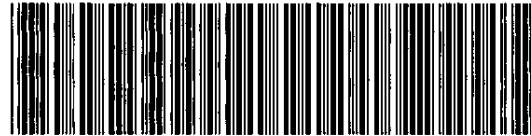
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500181460635

06/01/10--01060--017 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN - 1 AM 10:32

FILED

T. CLINE

JUN - 2 2010

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PIRYANKA INVESTMENTS GROUP
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:

TARA CHAND

Name of Person

PIRYANKA INVESTMENTS GROUP, LLC

Firm/Company

5151 SW 159TH AVENUE

Address

MIRAMAR FL 33027

City/State and Zip Code

abimiami@yahoo.com

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

For further information concerning this matter, please call:

TARA CHAND

Name of Person

at (954)

450-4081

Area Code & Daytime Telephone Number

FILED
2010 JUN - 1 AM 10:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**

PIRYANKA INVESTMENTS GROUP, 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 12/16/2009 and assigned

Florida document number L09000119764

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:

TARA CHAND

New Registered Office Address:

Enter Florida street address

City

Florida

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.

Tara Chand
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	RESHMAN KUMARI	5151 SW 159TH AVENUE MIRAMAR FL 33027	☐ Add ☒ Remove
------	----------------	--	--

			☐ Add ☐ Remove
--	--	--	---

			☐ Add ☐ Remove
--	--	--	---

			☐ Add ☐ Remove
--	--	--	---

			☐ Add ☐ Remove
--	--	--	---

			☐ Add ☐ Remove
--	--	--	---

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

Dated _____

* *Tara Chand*
Signature of a member or authorized representative of a member

* Tara Chand
Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00