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EXAMINER

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SECRETARY OF STATE

FILED

TO: Registration Section Division of Corpo		
SUBJECT: SKJD	Of Estero LLC Name of Limited Liability Company	
The enclosed Articles of An	mendment and fee(s) are submitted for filing.	
Please return all correspond	lence concerning this matter to the following:	
;	Gaurana Patel	
· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Firm/Company	
.s•	11501 Plantation Proserve Cir	
	Ft. Uyers FC 33966 City/State and Zip Code	
	Gaurana 63 @ Unhoo. Com E-mail address: (to be used for future annual report notification)	
For further information con-	cerning this matter, please call:	
Caurang F Nami of Po	PaleD at <u>ASP 810-2321</u> Area Code & Daytime Telephone Number	
Enclosed is a check for the	following amount:	
\$25.00 Filing Fee	(additional copy is enclosed) Certified	e of Status &

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

SKID of ES	Liability Company Florida Limited Lial	as it now appears on oility Company)	our records.)		
The Articles of Organization for this Limited Li Florida document number 100000	iability Company w	. ا	lio	_ and assigned	i
This amendment is submitted to amend the following	owing:		· ·		
A. If amending name, enter the new name of \hat{x}	f the limited liabilit	v company here:			,
The new name must be distinguishable and end wit "L.L.C."	th the words "Limited	Liability Company,"	the designation "LLO	C" or the abbrev	/iation
Enter new principal offices address, if applic	able:	·		<u></u>	
(Principal office address MUST BE A STREE	TADDRESS)				
Enter new mailing address, if applicable:	-		IA LL ARA	H JUL -	_ n =
(Mailing address MAY BE A POST OFFICE	BOX)		9.00		
B. If amending the registered agent and/or the new registered of	or registered offic	e address on our r	ecords, enter the	ST ST The	nev
Name of New Registered Agent:	Baura	ng Pales			
New Registered Office Address:	11501 71	antation 4 Enter F	Yosone (rs .	
	Ft. Uyer	Dity	, Florida <u> </u>	39106 Zip Code	
New Registered Agent's Signature, if changing I	Registered Agent:				
I hereby accept the appointment as registere	d agent and agree	to act in this capac	ity. I further agree	e to comply wi	ith

If Changing Registered Agent, Signature of New Registered Agen

Page 1 of 2

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 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 = M MGRM =	anager Managing Member	1	
Title	Name	Address	Type of Action
HBRH	Arvind Palel	11501 Plantation Proserve Cir Ft. Livers Ft 339106	Add ☑ Remove
MARH	Gaurang Pales	1501 Plantation Precerve Ci	✓ 🗖 Add Remove
·			Add Remove
	<u> </u>		Add Remove
• .			Add Remove
***************************************	<u> </u>		Add Remove
D. If amer	nding any other information, enter char	nge(s) here: (Attach additional sheets, if necessary.)	
<u>.</u>	·		
-			<u> </u>
_			
			<u></u>
Dated	une 8 ,20	H	
	1. Gaman		
	Type	edor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00