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EXAMINER



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O JUN -7 PN 3: 36
SECRETARY OF STATE

COVER LETTER

TO: Registration S Division of Co.						
SUBJECT:	BILL RAY	MAHINDRA, LLC				
	Name of Lim	ited Liability Company				
	Amendment and fee(s) are sub	•				
		To the tone and				
	MA	RK BLECHMAN, ESQ.				
		Name of Person				
		Firm/Company				
	1521 MOUNT VERNON ST.					
		Address				
	C	RLANDO, FL 32803				
		City/State and Zip Code				
	E-mail address: (1	K4JUSTICE@AOL.COM o be used for future annual report notif	ication)			
For further information c	concerning this matter, please c	all:				
MAR	K BLECHMAN	at (_407_)	895-8181			
Name o	f Person	Area Code & Daytim	e Telephone Number			
Enclosed is a check for the	ne 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

BILL RAY I	MAHINDRA, LLO			
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appea ited Liability Company)	rs on our records.)	 -	
The Articles of Organization for this Limited Liability Com	pany were filed on	1/21/2010	and assigned	
Florida document numberL10000007787				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited	i liability company her	<u>re</u> :		
D&B	RAY, LLC			
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Compa	any," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		<u></u>		
(Principal office address MUST BE A STREET ADDRES	<u></u>		<u> </u>	
				
			一選号 星 四	
Enter new mailing address, if applicable:	**************************************		<u> </u>	
(Mailing address MAY BE A POST OFFICE BOX)				
			_ Ω ω	
			ဦးမြေ	
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, <u>enter t</u>	the name of the new	
registered agent and/or the new registered office address	inere.			
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 = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
	·		Add Remove
			
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
_			- -
			-
Dated	APRIL 26		
7	Signature of almember of	or authorized representative of a member	
		RK BLECHMAN r printed name of signee	

Page 2 of 2

Filing Fee: \$25.00