

L10000037842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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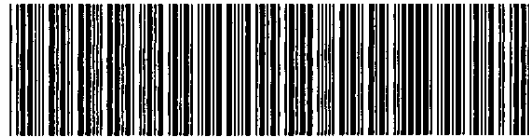
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. SAULSBERRY
EXAMINER

JAN 28 2011

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: SANDALWOOD VENTURES, LLC

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:

ASHWIN BRAHMBHATT

Name of Person

SKMA LLC

Firm/Company

1949 A1A SOUTH

Address

ST. AUGUSTINE, FLORIDA 32080

City/State and Zip Code

hina2ray@gmail.com

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

RAKESH .B. PATEL

Name of Person

at (806)

282-8150

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**

SANDALWOOD VENTURES, 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 APRIL 08, 2010 and assigned
Florida document number L10000037842.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

10150 BEACH BLVD

UNIT 112

JACKSONVILLE, FLORIDA 32246

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

10150 BEACH BLVD

UNIT 112

JACKSONVILLE, FLORIDA 32246

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:

RAKESH.B.PATEL

New Registered Office Address:

10150 BEACH BLVD, UNIT 112

Enter Florida street address

JACKSONVILLE

, Florida

32246

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>
MGRM	ASHWIN BRAHMBHATT	10150 BEACH BLVD, UNIT 112 JACKSONVILLE FLORIDA 32246	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	SHAILESH PATEL	10150 BEACH BLVD, UNIT 112 JACKSONVILLE FLORIDA 32246	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	RAKESH.B.PATEL	10150 BEACH BLVD, UNIT 112 JACKSONVILLE FLORIDA 32246	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	AMUL.R.PATEL	10150 BEACH BLVD, UNIT 112 JACKSONVILLE FLORIDA 32246	<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

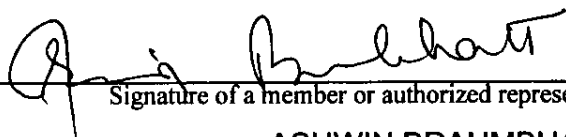
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Dated JANUARY 20TH, 2010.



Signature of a member or authorized representative of a member

ASHWIN BRAHMBHATT

Typed or printed name of signee