## 10000048124

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
JP WAIT MAIL
(Business Entity Name)
(Document Number)
Certificates of Status

Special Instructions to Filing Officer:

L. SELLERS

JUN - \$ 2010

**EXAMINER** 

Office Use Only



000181317300

05/27/10--01017--002 \*\*25.00

TO MAY 27 PH 12: 25
SECRETARY OF STATE
FALL AND SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT:	Sai	Jalyan, LLC	
~	Name of Lim	nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	abmitted for filing.	
Please return all corre	spondence concerning this matte	er to the following:	
	E	Bhaveshkumar R. Patel	
		Name of Person	
		Firm/Company	
		4448 Mobile Hwy	
		Address	
		Pensacola, FL 32506 City/State and Zip Code	<del>_</del>
	b		
	E-mail address:	patel57@hotmail.com (to be used for future annual report notific	ation)
For further information	n concerning this matter, please	call:	
	eshkumar R. Patel	aı (	249-6711
Nam	e of Person	Area Code & Daytime	Telephone Number
Enclosed is a check fo	r 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)
Regi	ILING ADDRESS: stration Section	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Sai Jalyan, LLC			
(Name of the Limited Liability Company as it now appears on our (A Florida Limited Liability Company)	records.)		
The Articles of Organization for this Limited Liability Company were filed on	28/2010	and ass	igned
Florida document numberL10000045724			
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 "L.L.C."	designation "I	LLC" or the a	ıbbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<del>-</del> -	<u></u>
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 reco	ords, <u>enter (</u>	the name o	f the new
registered agent and/or the new registered office address here:	,	<b>H</b> .	
Name of New Registered Agent:		0350	5
New Registered Office Address:			comme
	ida street ada		1 g 2 G*8*9
	_, Florida		
City  New Registered Agent's Signature if changing Registered Agent:			; ; 1

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 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 Type of Action <u>Title</u> <u>Name</u> **Address MGRM** Bhavesh R. Patel 4448 Mobile Hwy ☐ Add Remove Pensacola, Fl 32506 MGRM Bhaveshkumar R. Patel 4448 Mobile Hwy **✓** Add Remove Pensacola, FL 32506. ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 24 2010 Dated Signature of a member or authorized representative of a member Bhaveshkumar R. Patel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00