

L10000084610

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 27 PM 3:06

JUN 29 2012

HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Soham Investments, 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:

Nita D. Patel

Name of Person

Soham Investments, LLC

Firm/Company

4005 Fishermans Cove Ct

Address

Lutz, FL 33558

City/State and Zip Code

aru1@verizon.net

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

For further information concerning this matter, please call:

Ron Porat

Name of Person

at (813)

870-0060

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 27 PM 3:06

Soham Investments 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 8-12-10 and assigned
Florida document number L10000084610

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)

4005 Fishermans Cove Ct

Lutz, FL 33558

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4005 Fishermans Cove Ct

Lutz, FL 33558

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:

Nita D. Patel

New Registered Office Address:

4005 Fishermans Cove Ct

Enter Florida street address

Lutz

City

Florida

33558

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.


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	Sangita B Patel	4005 Fishermans Cove Ct Lutz, FL 33558	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Nita D Patel	4005 Fishermans Cove Ct Lutz, FL 33558	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Amish Patel	27338 ROSELING CT. WESLEY CHAPEL, FL 33544	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	RITESH PATEL	27338 ROSELING CT. WESLEY CHAPEL FL 33544	<input type="checkbox"/> Add <input checked="" 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.)

Dated _____

(X)

N Patel

Signature of a member or authorized representative of a member

Nita D Patel

Typed or printed name of signee