

L100000088848

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(City/State/Zip/Phone #)

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B. KOHR

OCT 19 2010

EXAMINER

10 OCT 15 AM 11:45

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CHANGE OF MGRM OF POOJA MANAGEMENT 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:

MITAL SARATHA

Name of Person

POOJA MANAGEMENT LLC

Firm/Company

153, BOYSENBERRY LN.

Address

DAYTONA BEACH FL 32124

City/State and Zip Code

MITAL@registrationsusa.com

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

For further information concerning this matter, please call:

Mital Saraiya

Name of Person

at (386) 526-2143

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

RECEIVED  
DIVISION OF CORPORATIONS  
10 OCT 15 AM 11:45

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 OCT 15 AM 11:45

POOJA MANAGEMENT LLL  
(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 8-24-2010 and assigned  
Florida document number L10000088848.

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)

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 records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Mital SARAZIA

New Registered Office Address:

153, BOYSENBERRY LN.

Enter Florida street address

DAYTONA BEACH

City

Florida

32124

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.

[Signature]  
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	POOJA SARAZIA	153, Boysebury Ln. DAYTONA BEACH FL 32124	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MITAL SARAZIA	153, Boysebury Ln. DAYTONA BEACH FL 32124	<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
			<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 10-4-10, \_\_\_\_\_

Pooja Saranya  
Signature of a member or authorized representative of a member

Pooja Saranya  
Typed or printed name of signee