## 110000910749

(Re	equestor's Name)			
(Ac	tdress)			
(Ac	ldress)			
(Ci	ty/State/Zip/Phone #	)		
PICK-UP	WAIT	MAIL.		
(Bu	ısiness Entity Name)			
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer.				

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G. MCLEOD

MAY 25 2011

**EXAMINER** 



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TI MAY 24 AM 10: 02
SECRETARY OF STATE
MILLIAN ASSEF FLORID

## **COVER LETTER**

TO:	Registration Section Division of Corporat	ions		
SUBĴI	ECT:	YOTI GROUP	P 人人C ed Liability Company	
2020		Name of Limite	ed Liability Company	
The en	closed Articles of Amer	dment and fee(s) are sub	nitted for filing.	
Please	return all correspondence	e concerning this matter t	to the following:	
		VIMAL	B. PATEL Name of Person.	
			Name of Person	
		54051	GROUP LLC Firm/Company	
	<del></del>		Firm/Company	·
		2630	NESDAGT A	PT 21
			Address	
		SILVER.S	CITY/State and Zip Code	4488
			City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
		Vinny184VI	mal 9 YAHOO · eom . be used for future annual report notifica	tion
For fur	ther information concern	ning this matter, please ca		inoil)
	VIMAL B A	PATEL	at ( <u>904) 814 823</u> Area Code & Daytime T	4 elephone Number
Enclose	ed is a check for the foll	owing amount:		
<b>V\$</b> 25	5.00 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)

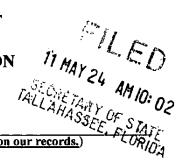
**MAILING ADDRESS:** 

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



JYOTI GROUP LL	v as it now appears on our records.)	
(Name of the Limited Liability Compan (A Florida Limited L	is as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on and assigned	and assigned
Florida document number <u>L100 000 90 74 9</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbrev	viation
Enter new principal offices address, if applicable:	224 SAH MARCO AVE	
(Principal office address MUST BE A STREET ADDRESS)	87. AUGUSTINE FL 32084	
Enter new mailing address, if applicable:	224 SAH MAREO AVE	
(Mailing address MAY BE A POST OFFICE BOX)	87. AUGUSTINE, PL. 32034	<del></del>
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	<del></del>
	, 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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title** Name **Address Type of Action** SYOTIBALA PATTEL 224 SAH MARCO AVE STAUGUSTINE, FL. 32084 MGRM Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00