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	(Reque	estor's Name)		
	(Addre	ss)		
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	(City/S	tate/Zip/Phor	ie #)	
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Certified Copies		Certificate	s of Status	
Special Instruction	s to Filir	ng Officer:	=.	

Office Use Only



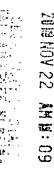
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T. CLINE

NOV 2 3 2010

EXAMINER



COVER LETTER

UBJECT:		BABA KRUPA LLC	
	Name of Limi	ted Liability Company	
he enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
ease return all corresp	ondence concerning this matter	to the following:	·
		RAMANLAL PATEL	
		Name of Person	
		Firm/Company	
		115 TOBEE DRIVE	
	•	Addr e ss	
		LIZELLA, GA 31052	
	DICKD	City/State and Zip Code ATEL1969@YAHOO.CO	NΛ
		to be used for future annual report no	
For further information	concerning this matter, please of	call:	
RAM	IANLAL PATEL	at (_478)	933-9666
Name	of Person	Area Code & Dayt	ime Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	(additional copy is enclosed)
			RIER ADDRESS:
Regis	LING ADDRESS: tration Section on of Corporations	STREET/COUI Registration Sec Division of Corp	tion 👸 🔑

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	E SAIBABA KRUPA LL			
(<u>Name of the Limited Li</u> (A F	ability Company as it now appea orida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab	ility Company were filed on	10/19/2010	and assign	ned
Florida document numberL1000010878				
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	ne limited liability company her	<u>re</u> :		
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Compa	any," the designation "	LLC" or the abb	oreviation
Enter new principal offices address, if applicab	le:			
(Principal office address MUST BE A STREET	ADDRESS)			·
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO	<u> </u>			
B. If amending the registered agent and/or	magistared office address on	one was antar	the name of	the new
registered agent and/or the new registered offic		our records, enter	Jan per an	ille new
				Pally The main file The main file
Name of New Registered Agent:			7	2
				3
New Registered Office Address:	Fx	ster Florida street add	dress'	
	Lin	ioi I iortuo arrect uut	7.C.S.	. 190
	Ciu.	, Florida	Zip Code	
	City		Zip Cod o	

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

Title Name Address Type of Action MGR RAMANLAL PATEL 115 TOBEE DRIVE 🗸 Add LIZELLA, GA 31052 Remove MGR NATVARLAL PATEL ✓ Add 1006 ST. PATRICK DRIVE PERRY, GA 31069 ☐ Remove MGR KALPANABEN PATEL 305 GA HWY 49 NORTH ✓ Add BYRON, GA 31008 Remove MGR GAUTAMBHAI PATEL 816 E SULTANA DR ✓ Add FITZERALD, GA 31750 Remove MGR SANJAYKUMAR PATEL ✓Add 301 SOUTH MAIN ST SYLVESTER, GA 31791 Remove MGR MUKESHBHAI T PATEL 6080 LAKEVIEW ROAD **APT 306** WARNER ROBINS, GA 31791 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **NOVEMBER 17** 2010 9EST B. Potel

Page 2 of 2

Filing Fee: \$25.00

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:

	<u>Name</u>	Address	Type of Action
<u>//GR</u>	KESHABHAI M PATEL	177 WEST BREWTON ST MCRAE, GA 31055	✓ Add ☐ Remove
·····			<u> </u>
<u> </u>			Add Remove
···			
. If amend	ing any other information, enter char	nge(s) here: (Attach additional sheets, if neces.	

Page 2 of 2

Filing Fee: \$25.00