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EXAMINER



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SECKETARY OF STATE
ALL AHASSEF, FLORIDA

COVER LETTER

Division of Co	orporations		
SUBJECT:	S R SINGH E	ENTERPRISES LLC	
Sobsect.		ted Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	condence concerning this matter	to the following:	
	SIR	JU RAMNARINESINGH	
		Name of Person	
_	SRS	ING ENTERPRISES LLC	
- -		Firm/Company	
		8390 DYNASTY DR	
		Address	
	ВО	CA RATON, FL. 33433	
		City/State and Zip Code	
	la	atintax@hotmail.com to be used for future annual report notifica	
	`	•	lion)
For further information	concerning this matter, please of	call:	
SIRJU F	RAMNARINESINGH	at \	74-1623
Name	of Person	Area Code & Daytime T	elephone 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)

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TO: Registration Section

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

S R SINGH EN	<u>ITERPRISES LLO</u>	O	
(Name of the Limited Liability Com (A Florida Limite	npany as it now appears of ed Liability Company)	on our records.)	
(,		
The Articles of Organization for this Limited Liability Compa	any were filed on	FLORIDA	and assigned
Florida document number L10000109770 .			
This are an description of the standard an open and the College income			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited l	iability company here:		
The new name must be distinguishable and end with the words "L" L.L.C."	imited Liability Company	," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			20 3
(Principal office address MUST BE A STREET ADDRESS	2	T	SET 1
		3	
			
Enter new mailing address, if applicable:		÷ 	
(Mailing address MAY BE A POST OFFICE BOX)			F STATE 25
(maining undress mat be a rost of fice box)			5 0
		•	
B. If amending the registered agent and/or registered	office address on our	r records, enter	the name of the new
registered agent and/or the new registered office address		records, <u>enter</u>	the manie of the mount
Name of New Registered Agent:		 	
New Registered Office Address:			
1,1011 Trapissarus Cilias Itaaissa.	Enter Florida street address , 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 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>	Name	Address	Type of Action	
MGR	SHEILA RAMNARINESING	8390 DYNASTY DR BOCA RATON, FL 33433	Add ✓ Remove 	
			Add Remove	
			Add Remove	
			Add Remove	
	·		Add Remove	
			Add Remove	
	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.) GE MGRM TO MGR		
Dated	SEPTIEMBER 04 . 20	112		
		or authorized representative of a member		
		RAMNARINESINGH or printed name of signee		

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Filing Fee: \$25.00