## L18182

(Requestor's Name)				
		,		
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PICK-UP	WAIT	MAIL .		
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SECRETARY OF STATE

B. BOSTICK

· IJAN 11 2011

EXAMINER

## **COVER LETTER**

TO:	Registration Division of C	
SUBJE	JAI AMBE OF BRANFORD, LLC	
30136		Name of Limited Liability Company
The en	closed Articles	of Amendment and fee(s) are submitted for filing.
Please	return all corres	pondence concerning this matter to the following:
		John E. Norris Name of Person
		Norris & Norris, P.A.  Firm/Company
		. In the Company
	P. O. Drawer 2349	
		Address . Address
		Lake City, FL 32056-2349
		City/State and Zip Code
		jnorris@norrisattorneys.com  E-mail address: (to be used for future annual report notification)
C 6		- A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ror iur	ther information	concerning this matter, please call: $S \leftarrow S $
	م. دويا	ohn E. Norris at ( 386 ) 752-7240
	Name	e of Person Area Code & Daytime Telephone Number
Enclose	ed is a check for	the following amount:
□ \$25	.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy
(j.)		(additional copy is enclosed)
. •	Regi Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314  LING ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

JAI AN	MBE OF BRANFORD	), LLC	
( <u>Name of the Limited L</u> (A F	Liability Company as it now ap Florida Limited Liability Compa	opears on our records.)	
The Articles of Organization for this Limited Lia	bility Company were filed on	November 12, 20	010 and assigned
Florida document numberL100001181	82	•	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company	here:	
g /			
The new name must be distinguishable and end with	the words "Limited Liability C	ompany," the designation	"LLC" or the abbreviation
"L.L.C."			
Enter new principal offices address, if applical	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		A C
			58 5
			N 1
Enter new mailing address, if applicable:			O TOTAL
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>		
			ORA:
			Dri —
B. If amending the registered agent and/or		on our records, enter	r the name of the new
registered agent and/or the new registered offi	ce address here:		
N ON B to the			
Name of New Registered Agent:			
New Registered Office Address:			
		Enter Florida street a	ddress
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Man MGRM = M	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	DHIMANT SONI	115 SW ENCHANTED CT LAKE CITY, FL 32024	Add ✓ Remove
MGR_	SUNIL PATEL	592 SW SWEET BREEZE DRIVE LAKE CITY, FL 32024	Add  Remove
			Add Remove
	· .		Add Remove
	·		Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amendi	ing any other information, enter change	T. COR	TIL DINAN TO PH I
Dated	JAN. 06. 20		,
	·	or authorized representative of a member RENDRA PATEL -	•
•		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00