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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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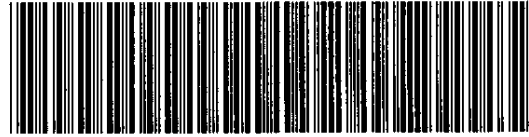
(Business Entity Name)

(Document Number)

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11 JUL -7 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUL 08 2011

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 5THELEMENT INDIAN CUISINE 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:

Jerry Martinho Fernandes

Name of Person

5THELEMENT INDIAN CUISINE LLC

Firm/Company

3226 Bellericay Lane

Address

Land O'Lakes, FL 34638

City/State and Zip Code

boogersmokey@yahoo.com

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

For further information concerning this matter, please call:

Jerry Martinho Fernandes

Name of Person

at (727)

410-6459

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

FILED
11 JUL -7 AM 11:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

5THELEMENT INDIAN CUISINE LLC

(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 11/15/2010 and assigned
Florida document number L10000118283.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

n/a

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:

N/A

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

3226 Bellericay Lane

(Mailing address MAY BE A POST OFFICE BOX)

Land O'Lakes, FL 34638

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:

Jerry Martinho Fernandes

New Registered Office Address:

3226 Bellericay Lane

Enter Florida street address

Land O'Lakes

Florida

34638

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.

Jerry Martinho Fernandes
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	Chandrabose Vajjasubash	225 South McMullen Booth Rd. #170 Clearwater, FL 33759	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	5thElement Management Inc.	3826 HARTWOOD LN JACKSONVILLE, FL 32216	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jerry Martinho Fernandes	3226 Bellericay Lane Land O'Lakes, FL 34638	<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

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

FILED
11 JUL - 7 AM 11:43
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Dated July 5, 2011.


Signature of a member or authorized representative of a member

Jerry Martinho Fernandes, MGRM
Typed or printed name of signee