LID000125959

(Requestor's Name)									
(Address)									
(Address)									
(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
Certified Copies Certificates of Status									

Special Instructions to Filing Officer:

L. SELLERS

SEP 14 2011

EXAMINER

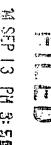
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COVER LETTER

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SUBJE	CT·	OCT	AIGAM,	\$	TABLES,	LLC				
Name of Limited Liability Company										
The end	losed Articl	les of Am	endment and fee(s) are su	bmitted for	filing.					
Please 1	eturn all co	rresponde	nce concerning this matte	r to the foll	owing:					
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				Nam	e of Person					
			15 amod		TABLES,	LLC	_			
		_		Firn	ı/Company					
			P.O.	30	465	577				
		-	•	Ā	Address		_			
			TAMPI	7 . 7	PL. 33	647				
		-		City/Stat	e and Zip Code	647	_			
		_			766 Yaho					
For furt	her informa	tion conc	erning this matter, please	•	,	,				
	ner miorina	tion conc								
Ni	RAJ	℃ 、	PATEL	at	(813) 727 -	ime Telephone Numb	ar.			
	N	ame of Pe	rson		Area Code & Dayi	mie retepnone Numo	CI			
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	00 Filing Fe		ollowing amount: \$30.00 Filing Fee &	□ \$55	00 Filing Fee &	560.00 F	iling Fee			
	•	-	Certificate of Status	— Ce	rtified Copy	Certific	ate of Status &			
Bo	mg 4			یو چ	lditional copy is enclos		ed Copy onal copy is enclosed)			
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6	MIM	S 4	18, 5011			•				
			ADDRESS: n Section		STREET/COUR	RIER ADDRESS:				
	D		f Corporations		Division of Corp Clifton Building	oorations				
			e, FL 32314		2661 Executive (Tallahassee, FL	Center Circle				



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 18, 2011

NIRAJ V. PATEL P.O. BOX 46577 TAMPA, FL 33647

SUBJECT: DOMADIA STABLES, LLC

Ref. Number: L10000125959

We have received your document for DOMADIA STABLES, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 611A00019395

Leslie Sellers Regulatory Specialist II

www.sunbiz.org

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

DUMAGIA	STAP	its, rr					
(Name of the Limited L (A F	<u>iability Company</u> Torida Limited Lia	<i>r</i> as it now appears of ability Company)	n our records.)				
The Articles of Organization for this Limited Liab	oility Company w		_	_ and assig	ned		
This amendment is submitted to amend the follow	ving:						
A. If amending name, enter the new name of the	he limited <u>liabili</u>	ty company here:					
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company,'	' the designation "LL	C" or the ab	breviation		
Enter new principal offices address, if applicab	ole:	18202	Livings	ren	Ave.		
(Principal office address MUST BE A STREET	ADDRESS)	LUTZ,	FLORIDA	1. 3	3549		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BE	<u>0X)</u>	P.O. BOX 46577 TAMPA, FL. 33647					
B. If amending the registered agent and/or registered agent and/or the new registered office	registered officee address here:	ce address on our	records, enter the	name of	the new		
Name of New Registered Agent:	NiRA-	TAA Z		PH PH			
New Registered Office Address:	1820		Sston A Florida street addre	ive none	<u>) </u>		
	Lur	-2	, Florida 3	3549	F		
	City	,	Zip Code				
New Registered Agent's Signature, if changing Reg	gistered 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 Type of Action **Title Address** <u>Name</u> MGRM Albamad VANAM 20321 FLIRIDA, 32647 DRemove TAMPA ROHAN AIBAMOG MERM MERRY OAK AVE Add TAMPA, FLORIDA, 33647 ☐ Add Remove Remove Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Sertember Signature of a member or authorized representative of a member NIRAI PATEL Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00