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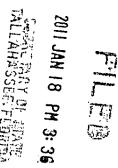
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COVER LETTER

	on of Corporations	
SUBJECT:	549 MAINELINE LLC	
SUBJECT: _	Name of Limited Liability Company	, , , , , , , , , , , , , , , , , , ,
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.	
Please return al	l correspondence concerning this matter to the following:	
	Neheru Singh	ia ~2
	Name of Person	
	549 MAINELINE LLC	
	Firm/Company	18 PM
	7900 E. Irlo Bronson Highway	2011 JAN 18 PM 3: 36 经常品等是是下包部
	Address	36
	St. Cloud FL 34771	
	City/State and Zip Code	,
	nsingh6996@gmail.com E-mail address: (to be used for future annual report notification)	
For further info	rmation concerning this matter, please call:	
	Neheru Singh at (732) 841 - 616	S1
	Name of Person Area Code & Daytime Telephone	Number
Enclosed is a cl	neck for the following amount:	
☑ \$25.00 Filin	Certificate of Status Certified Copy additional copy is enclosed)	0.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Т	MAILING ADDRESS: Registration Section Reg istration Section Division of Corporations P.O. Box 6327 Clifto Tallahassee, FL 32314 STREET/COURIER ADDR istration Section vision of Corporations n Building 2661 Executive Center Circle allahassee, FL 32301	ESS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document numberL11000001236 This amendment is submitted to amend the following:	1E LLC				
This amendment is submitted to amend the following:	s it now appears of ity Company)	our records.		 .	
Florida document number L11000001236 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability	e filed on	1/4/2011	8	and assigne	:d
_					
A. If amending name, enter the new name of the limited liability					
9 /	company here:				
			11. 21.	201	
The new name must be distinguishable and end with the words "Limited I "L.L.C."	Liability Company,	the designation	TIC"	or the abbre	viation
Enter new principal offices address, if applicable:			59.35 FM - C	<u></u>	
(Principal office address MUST BE A STREET ADDRESS)				⊋ [
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Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
					
B. If am ending the re gistered age nt and/or registered office registered agent and/or the new registered office address here:	add ress on our	records, <u>ente</u>	the n	ame of th	e new
Name of New Registered Agent:					
New Registered Office Address:					
	Enter .	Florida street a	ddress		
City		, Florida _	n 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

Type of Action **Title** Name 1 Address **MGRM** Rewattie Singh 7900 E. Irlo Bronson Highway St. Cloud FL 34771 Remove Add ☐ Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 12 2011 Dated Signature of a member or authorized representative of a member Neheru Singh Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00