

L110000044390

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 FEB 24 AM 9:04

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J. SAULSBERRY  
EXAMINER

FEB 27 2012

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RIYOTA OF OCALA 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:

LARRY PATEL

Name of Person

RIYOTA OF OCALA LLC

Firm/Company

10907-09 US HWY 441

Address

BELLEVIEW, FL 34420

City/State and Zip Code

LARRYPATEL@YAHOO.COM

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

For further information concerning this matter, please call:

LARRY PATEL

Name of Person

at ( 816 )

564-1489

Area Code & Daytime Telephone Number

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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

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

**RIYOTA OF OCALA 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 04/14/2011 and assigned  
Florida document number L11000044390.

This amendment is submitted to amend the following:

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

**NOT APPLICABLE**

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

10907-09 US HWY 441

BELLEVIEW, FL 34420

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

115 BLUE JAY DR SUITE # 101

LIBERTY, MO 64068

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TALLAHASSEE, FLORIDA

**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:

LARRY PATEL

New Registered Office Address:

10907-09 US HWY 441

*Enter Florida street address*

BELLEVIEW

Florida

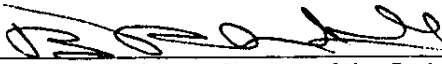
34420

*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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	KANTI PATEL	1618 E 16th AVE CORDELE, GA 31015	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	LARRY PATEL	115 BLUE JAY DRIVE SUITE # 101 LIBERTY MO 64068	<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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Dated 11th February, 2012

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA



Signature of a member or authorized representative of a member

KANTI PATEL

Typed or printed name of signee