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SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN
NOV 27 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration S  Division of Co			
SUBJECT:	C	Caril LLC	
	Name of Limi	ted Liability Company	
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	pondence concerning this matter	to the following:	
		-OS BIAN CHI Name of Person	•
	LAW OF	FICE OF CARLOS Firm/Company	ン·BIANCUS 皇 T
	SO EA	FICE OF CARLOS Firm/Company  ST SS" ST 34  Address	From SSE P
	NEW Y  CBIANCH  E-mail address: (	City/State and Zip Code  City/State and Zip Code  Co BIANCHINT of the be used for future annual report notifications.	5-BIANCHUSECHLORIDA SECULLAHASSEEFLORIDA LAW. Com LAW. Com Lini)
For further information	concerning this matter, please c		
ARLOS Name	RIANCH! of Person	at (2/2) 3 S - 3 Area Code & Daytime T	2 33 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Caril LLC			
(Name of the Limited Lia (A Flor	b <mark>ility Company as it now a</mark> rida Limited Liability Comp	<b>ppears on our record</b> any)	<u>ls.</u> )	
The Articles of Organization for this Limited Liability Florida document number		May 9, 20	11 and assigned	l
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liability compan	v here:		
	ROSHAN		LLC	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability C	ompany," the designa	tion "LLC" or the abbrev	iation
Enter new principal offices address, if applicable	<u> </u>			
(Principal office address MUST BE A STREET A	DDRESS)	· · · · · · · · · · · · · · · · · · ·		
		<del></del>	To B	
				77
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>		Sec. 126	
	· 		<u> </u>	
	;		1.5 1.5	
B. If amending the registered agent and/or re registered agent and/or the new registered office		on our records, en	iter the name of the	new
Name of New Registered Agent:				
New Registered Office Address:		_		
1-				_
	, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = M MGRM =	anager Managing Member		
Title	<u>Name</u>	Address	Type of Action
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D. If amen	ding any other information,	enter change(s) here: (Attach additional sheets	s, if necessary.)
_		•	ZO12 MO SECRE
 Dated	NOVEMBER 21,	2012	TARY ASSIE
•	Signature	3/2	0RIO 2: 36 ber
		Typed or printed name of signee	1/

Page 2 of 2

Filing Fee: \$25.00