11000063950

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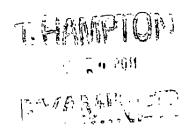


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11 JUL 19 FM 12: 25

SECRETARY OF STATE DIVISION OF CORPORATIONS



COVER LETTER

TO:

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations						
SUBJECT:	AKSHARKU	INJ BUSINESS LLC.				
	Name of Lin	nited Liability Company				
The enclosed Articles	of Amendment and fee(s) are su	ibmitted for filing.				
Please return all corre	spondence concerning this matte	er to the following:				
		HENRY PINTO				
	Name of Person					
	PINTO ACCOUN	ITING & FINANCIAL SERV	ICES INC.			
	Firm/Company					
	22	228 WEST MAIN STREET				
	Address					
	AP	APOPKA, FL - 32703-5184				
		City/State and Zip Code				
		DEREBAIL@CS.COM (to be used for future annual report notifi	cation			
For further information	n concerning this matter, please	·	,			
	IENRY PINTO e of Person	ut \	598-0134			
Nami	e of Person	Area Code & Daytime	e Telephone Number			
Enclosed is a check for	r 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		STREET/COURING Registration Section				

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION DIVISION OF CORPORATIONS

OF

FILEU SECRETARY OF STATE

11 JUL 19 PM 12: 25

AKSHARKUNJ BUSINESS 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 _____ 06/01/2011 and assigned Florida document number L11000063950 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address

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.

City

If Changing Registered Agent, Signature of New Registered Agent

_, Florida ____

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>	Address	Type of Action
MGRM	NAYANKUMAR KANSARA	3845 NE 15TH STREET GAINESVILLE, FL - 32609	Add ✓ Remove
<u>MGRM</u>	VIPULKUMAR PATEL	4345 NW 35TH STREET GAINESVILLE, FL - 32605	Add ☑ Remove
MGRM	KALPESH PATEL	329 TUXEDO DRIVE THOMASVILLE, GA - 31792	Add Remove
MGRM	DHARMENDRA PATEL	1505 FORT CLARKE ROAD APT # 13106 GAINESVILLE, FL - 32606	√ Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY DIVISION OF CO
 Dated	JULY 12TH . 20	011	OF STATE OR STATE OR STATIONS PM 12: 25
	Signature of a membe	•	
		RUPESH K PATEL For printed name of signee	

Page 2 of 2

Filing Fee: \$25.00