L11000065137

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MA	IL				
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(Document Number)					
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SECRETARY OF STATE

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T. CLINE
JUN 1 6 2011

EXAMINER



June 10, 2011

VIJAY PATEL 2010 NE 14TH STREET, BLDG 200 OCALA, FL 34470

SUBJECT: SAHAJANAND SABWAY LLC

Ref. Number: L11000065137

We have received your document for SAHAJANAND SABWAY LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 611A00014231

COVER LETTER

TO:

TO:	Registration Se Division of Co				
SUBJI	ECT:	SAHAJANA	ND SABWAY LLC		
		Name of Limit	ed Liability Company		
		Amendment and fee(s) are sub ondence concerning this matter			
			VIJAY PATEL		
			Name of Person		
	J&S ASSOCIATES LLC				
Firm/Company					
2010 NE 14TH STREET BLDG 200			200	201 TAI	
Address				L A	
OCALA FL, 34470				2011 JUN 15 SECRETARY	
			City/State and Zip Code		5 REF. FLORIDA
		E-mail address: (t	E I		
For fur	ther information o	concerning this matter, please c	all:		Om on
	VI	JAY PATEL	at (_ 352)	351-0012	
	Name o	of Person		ytime Telephone Number	
Enclos	ed is a check for t	he following amount:			
\$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	osed) Certified	e of Status &
	MAIL	ING ADDRESS:	STREET/CO	URIER ADDRESS:	

Registration Section

Clifton Building

Division of Corporations

Tallahassee, FL 32301

2661 Executive Center Circle

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

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

SAHAJANAND (Name of the Limited Liability Comp (A Florida Limited			·····		
The Articles of Organization for this Limited Liability Compan Florida document numberL11000065137	ny were filed on	JUNE 03,2011	and ass	iigned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company her	<u>e</u> :			
SAHAJANAND					
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compa	ny," the designation '	'LLC" or the a	abbreviation	
Enter new principal offices address, if applicable:			NS 23		
(Principal office address MUST BE A STREET ADDRESS)			ECHETARY LAHASSE	414 Plant	
Enter new mailing address, if applicable:				- Contract	
(Mailing address MAY BE A POST OFFICE BOX)			STATE STATE		
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address he		our records, enter	the name_c	of the new	
Name of New Registered Agent:					
New Registered Office Address:	En	ter Florida street aa	ldress	·	
	City	, Florida _	Zip Code	2	
New Degistered Agent's Signature if changing Degistered Agen	*				

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 Address HEMANSUBHAT PATEL MKRM ☐ Add Remove MERM ☐ Add Remove \square Add Remove TETAS PATEL Remove Acdal]AddRemove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member HIMANSUBHAI Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00