# L110000 78577

(Requestor's Name)	
(Address)	70028839
(Address) (City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	08/01/160
(Document Number)	
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SEP 20 2016 J. HARRIS

### **COVER LETTER**

TO: Registration S Division of Co			
Ram Dhun SUBJECT:	LLC		
SUBJECT.	Name of Lin	nited Liability Company	<del></del>
The enclosed Articles of	`Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	/Manjulaben/Rajendra/Pate	il	
		Name of Person	
	Ram Dhun LLC		
	-	Firm/Company	
	1534 Thurso Rd		
		Address	<del></del>
	Lynn Haven, FL-32444		
		City/State and Zip Code	
	8508196002r@gmail.com		
	#:-mai/:addresst/(	to be used for future annual report motifi	cation)
For further information of	concerning this matter, please c	all:	
Manjulaben Rajendra Pa	atel	850 625-8204	
Name (	of Person	at (). Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
S25.00 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



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 29, 2016

MANJULABEN RAJENDRA PATEL 1534 THURSO RD LYNN HAVEN, FL 32444

SUBJECT: RAM DHUN, LLC Ref. Number: L11000078577

We have received your document for RAM DHUN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00016334

www.sunbiz.org



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 12, 2016

MANJULABEN RAJENDRA PATEL 1534 THURSO RD LYNN HAVEN, FL 32444

SUBJECT: RAM DHUN, LLC Ref. Number: L11000078577



We have received your document for RAM DHUN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00016334

TALLAHASSY OF STATE



### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 3, 2016

MANJULABEN RAJENDRA PATEL 1534 THURSO RD LYNN HAVEN, FL 32444

SUBJECT: RAM DHUN, LLC Ref. Number: L11000078577

We have received your document for RAM DHUN, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 616A00016334

16 SEP 19 MI ID: 38
SECRE AND OF STATE
TALLAHUSSTE, FLORIDA

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

## ARTICLES OF ORGANIZATION OF

(mar)

Manjulaben Rajendra Patel	RAM DI	IUN LL	_ ,	50%
1534 TAURO R	ted Liability Company a (A-Florida Cimited Liabi	it now appears on lity Company) FC	our records.) - 32444	<del> </del>
The Articles of Organization for this Limited L	iability Company wer	e filed on <u>07/08/2</u>	<b>20</b> 11	and assigned
Florida document mumber L11000078577	·			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	of the limited liability	company here:		
The new name must be distinguishable and contain the	words "Limited Liability (	Company," the design	nation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if appli	_	1534	THURS	Rel .
(Principal office address MUST BE A STRE	ET ADDRESS)	LYNN	HANEN	FL -32444
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE		(Am	)É	19 AH ID: 38
B. If amending the registered agent and registered agent and/or the new registered of		address on ou	r records, <u>enter</u>	the name of the no
Name of New Registered Agent:	Rajendra M. Patel	(mer	) 50%	
New Registered Office Address:	1534 Thurso Rd	E . D . I		
•	Lynn Haven	Enter Florida s	treet adaress , Florida <sup>32</sup>	2444
		City	, r iorida <u></u>	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 605, 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.

I Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member

	Name	<u>Address</u>	Type of Action
•	Rajendra M. Patel	1534 Thurso Rd, Lynn Haven , FL-	■ Add
			Remove
			☐ Change
	Rajnibhai A. Patel	1534 Thurso Rd,Lynn Haven,FL-32	Add
			Remove
			Change
	Bhaviniben R.Patel	1534 Thurso Rd, Lynn Haven, FL-:	Add
			■ Remove
			Change
			Add
			C Remove
		——————————————————————————————————————	Change
		neg-	CRE SO Add
		हें 9 9 17	Remove
		FLORIDA	Change
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			Change

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tive date, if other than the date	of filing: 07/01/2016	(eptional)
If the date inserted in this block d	pecific and cannot be prior to date of filing or more than some most meet the applicable statutory filing require	R) days after tiling.) Pursuant to 605 ements, this date will not be liste
ment's effective date on the Depart	ment of State s'records:	
	ective date, but not an effective time, at	: 12:01 a.m. on the earlie
e 90th day after the record i	s filed.	
07/27/2016	12:57PM	
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mpfald Signi	ature of a member or authorized representative of a mem	TASE 16.
Manjulaben R. Pateli	Typed or printed name of signee	S. J. O. C. T. O. T. O. C. T. O. T. O. C. T. O.
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Filing Fee: \$25.00