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# **COVER LETTER**

Division of Corporations
SUBJECT: RACHEL DEVELOPMENT 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:
Readsit Patel. Name of Person
RACHEL DEVELOPMENT LLC. Firm/Company
2149 Game Bird Ct. Address
Tallahassa FL 32311 City/State and Zip Code
asidtpatel @ comcast. net.  Elmail address: (To be used for future annual report notification)
For further information concerning this matter, please call:
A Sit Patel at (850) 345-1837  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \$\text{\$\t

## MAILING ADDRESS:

TO:

**Registration Section** 

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

RACHEL DEVELOPMENT LLC.

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

te Articles of Organization for this Limited Liability Company were filed on <u>of 3012011</u>		and assigned
Florida document number <u>L11000099532</u>		12 FI
This amendment is submitted to amend the following:		AHASS
A. If amending name, enter the new name of the limit	<del></del>	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the desi	gnation "LL For the abbreviation
Enter new principal offices address, if applicable:	2149 Game Bir	dct.
(Principal office address MUST BE A STREET ADDRI	ESS) Tallahassee, F	L 32311
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office address.		s, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> **Address** Name Add Remove ∏ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated 02/28/2012 Signature of a member or authorized representative of a member ASIT PATEL
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00