

L11000105076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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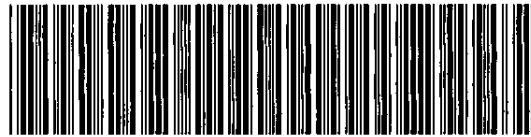
(Business Entity Name)

(Document Number)

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FILED
12 MAY -4 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
MAY - 8 2012
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Samala Enterprises 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:

Samala Enterprises LLC

Name of Person

Firm/Company

3936 S Semoran Blvd., Suite 289

Address

Orlando, FL 32822

City/State and Zip Code

samalaenterprise@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Vijaantie Jadnauth

Name of Person

at (866)

306-4770

Area Code & Daytime 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**

FILED

12 MAY -4 AM 11: 18

Samala Enterprises LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/13/2011 and assigned
Florida document number L11000105076.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Harry Pan Eyewear, LLC

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:

10 S Semoran Blvd

(Principal office address MUST BE A STREET ADDRESS)

Orlando, FL 32807

Enter new mailing address, if applicable:

3936 S Semoran Blvd., Suite 289

(Mailing address MAY BE A POST OFFICE BOX)

Orlando, FL 32822

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:

Harry Pan LLC

New Registered Office Address:

10 S Semoran Blvd

Enter Florida street address

Orlando

, Florida

32807

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 = Manager


MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Harry Pan LLC	10 S Semoran Blvd Orlando, FL 32807	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Gyaneshwar Jadnauth	3936 S Semoran Blvd, Suite 289 Orlando, FL 32822	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Vijaiantie Jadnauth	3936 S Semoran Blvd., Suite 289 Orlando, FL 32822	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated 4/30/12

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TALLAHASSEE, FLORIDA



Signature of a member or authorized representative of a member

Vijaiantie Jadnauth

Typed or printed name of signee