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(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)
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SLUGETARY OF STATE

COVER LETTER

TO:

TO:	Registration S Division of Co			
SUBJE	· CT:	COLUMBIA	A&THACKER LLC	
50202		Name of Lim	ited Liability Company	
The end	closed Articles o	f Amendment and fee(s) are su	bmitted for filing.	
Please 1	return all corresp	ondence concerning this matter	r to the following:	
		ASI	HOK KARAMCHANDANI	
			Name of Person	
			Firm/Company	17.5 28 17.5 17.5 17.5 17.5 17.5 17.5 17.5 17.5
		537	71 SW 32ND TERRACE	DEC 27 PA
			Address	
		FT. I	LAUDERDALE, FL 33312	PALE \$2
			City/State and Zip Code	\$ %
		E-mail address:	KBSSA@AOL.COM (to be used for future annual report notification	
For fur	ther information	concerning this matter, please	•	,
<u> </u>		KARAMCHANDANI	at ()	-1003
	Name	of Person	Area Code & Daytime Tele	phone Number
Enclose	ed is a check for	the following amount:		
5 \$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)
,	Regis Divisi P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center (Tallahassee, FL 32301	3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

COL	UMBIA&TI	HACKER LLC			
(Name of the Limited I	<u> Liability Compa:</u> Florida Limited L	<u>ny as it now appears o</u> Liability Company)	n our records.		
The Articles of Organization for this Limited Lia Florida document numberL-11000125		were filed on	NOV 4, 2011	and assign	ıed
This amendment is submitted to amend the follow	wing:				
A. If amending name, enter the new name of	the limited liab	ility company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ited Liability Company	" the designation "	'LLC" or the abb	reviatio
Enter new principal offices address, if applica	ble:	5371 SW 32ND	TERRACE		
(Principal office address MUST BE A STREET	ADDRESS)	FT. LAUDERDA	ALE, FL 33312)	
				28/1 SE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SAME AS ABO	VE	DEC 27 F AHASSEE.	
B. If amending the registered agent and/or the new registered offi	r registered of ice address her	fice address on our	records, enter	ORIC S	O
Name of New Registered Agent:		RAMCHANDANI			•
New Registered Office Address:	5371 SW 32	2ND TERRACE	Florida street ad	drace	
	 .				
	<u> </u>	AUDERDALE City	, Florida	33312 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

Page 1 of 2

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	ASHOK KARAMCHAND	5371 SW 32ND TERRACE FT. LAUDERDALE, FL 33312	☐ Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
***************************************			Add Remove
name and a state of the state o			Add Remove
			Add Remove
			AddRemove
D. If ame	nding any other information, enter	change(s) here: (Attach additional sheets, if	
			2011 BEC 27
- Dated <u>\</u> \ <u></u>	Alisloom,		TE STAFE STAFE
	Haladah	member or authorized representative of a member	
		Haresh Karamchandani Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00