# L/2000006483

(Requestor's Name)		
(Address)		
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PICK-UP WAIT MAIL		
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**EXAMINER** 

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## **COVER LETTER**

TO: Registration Section Division of Corporations	·
SUBJECT: MERCHANT REAL ESTATE Triller.  Name of Limited Liability Company	notional LLC
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Herman Singh + Associates Inc  Firm/Company	77
Name of Person	The same
Herman Singh + Associates Inc	
Firm/Company	The R The
500 S.R. 436 suite 2016	CAP.
Address	25.
Casselberry FL 32707  City/State and Zip Code  hermensume (@) 9mil.(m)	
City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Herman Singh at (407) 831-1399  Name of Person Area Code & Daytime Telephone Number	
Name of Person Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	te of Status &

#### 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

# Merchant Real Estate International LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabi	lity Company were filed onJa	anuary 13, 2012 and assigned
Florida document numberLL120000064		
1 fortua document fidinoci	·	
		7 <b>3</b>
This amendment is submitted to amend the following	ng:	
A If annualing and and also are a set of the	- IIi4 II III	
A. If amending name, enter the new name of th	е ишией набшту сотрану пеге:	CO C
		र्गेट् 👺 🚶
The new name must be distinguishable and end with the	ne words "Limited Liability Company	y," the designation "LEC" or the abbreviation
"L.L.C."		20 M
Enter new principal offices address, if applicable	e:	September 1
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or	registered office address on ou	r records, enter the name of the new
registered agent and/or the new registered office		
Name of New Registered Agent:		
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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member Title <u>Name</u> **Type of Action** <u>Address</u> Shiv Dilawri mgr 500 State Road 436 suite 2016 ☐ Add Casselberry FL 32707 Remove **Anand Aggarwal** mgr 500 State Road 436 suite 2016 ☐ Add Casselberry FL 32707 ✓ Remove mgr Derek Nicholson 500 State Road 436 suite 2016 \_\_\_ Add Casselberry FL 32707 ∇ Remove **Praneal Merchant** mgr 500 State Road 436 suite 2016 ✓ Add Casselberry FL 32707 Remove Krina Merchant 🔀 Add 🔀 mgr 500 State Road 436 suite 2016 Casselberry FL 32707 Remove Remove 7 D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) GO. June 2012 Dated Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Dr. Pradeep Merchant
Typed or printed name of signee