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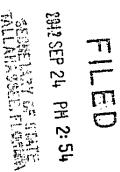
(Re	equestor's Name)				
(Address)					
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J. BRYAN

SEP 2 5 2012

EXAMINER

COVER LETTER

	ation Section of Corpora		nf *	
SUBJECT:	TAI H	HANUMANT Name of Limi	J LLC ited Liability Company	
The enclosed Art	icles of Ame	endment and fee(s) are sub	omitted for filing.	
Please return all	corresponde	nce concerning this matter	to the following:	
	-	SHAH	PRATIK Name of Person	SEP 24 PH
	_	JAI HANI	JMANJI LLC Firm/Company	SEP 24 PH 2: 54
	-	943 B	SELLAUEDA BL	VD_
	_	ORLAND	O. FL 3282	-8
	<u> </u>	HAINES CIT	TYPHARMACY O Y to be used for future annual report notificat	ghoo.com
For further inform	nation conce	rning this matter, please o	call:	
PRAT	TIK.	SHAH	at (847 624 3 Area Code & Daytime Te	843
Enclosed is a che	ck for the fo	llowing 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

JAI HANOMAN	JI LLC	
(<u>Name of the Limited Liability</u> (A Florida I	Company as it now appears Limited Liability Company)	on our records.)
The Articles of Organization for this Limited Liability C		30 20 2 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here	:
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		超
(Principal office address MUST BE A STREET ADDR	RESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		P. 2.54
B. If amending the registered agent and/or registered agent and/or the new registered office add		ur records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	er 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 <u>Title</u> <u>Name</u> Address · **Type of Action** PALAK Patel R Marm 11227 TAEDA ☐ Add Remove SHAH PRATIK BELLA VIDA BUD SUNIL DESAI 2520 BARWICK Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member PRATIK
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00