

L120000068489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

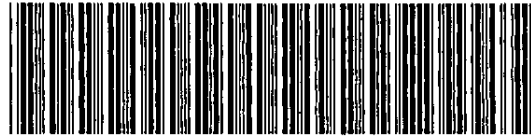
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2013 AUG -9 AM 8:52
STATE OF FLORIDA
TALLAHASSEE

J. SAULSBERRY
EXAMINER
AUG 13 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SMITRA, 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:

Mrs. PRANITHA BHASKAR
Name of Person

SMITRA, LLC
Firm/Company

10386 SW Azzia Way
Address

Port St. Lucie, FL 34987
City/State and Zip Code

livejakai@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mrs. PRANITHA BHASKAR at (772) 245-0453
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

SMITRA, 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 Liability Company were filed on 5/22/12 and assigned
Florida document number L12000068489

This amendment is submitted to amend the following:

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

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:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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RECORDS SECTION
TALLAHASSEE, FLORIDA

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: _____

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 60S, 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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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MGRM BHASKAR, AVINASH 3907 SW BANBURY DRIVE BENTONVILLE, AR 72712	Add	Remove
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MGRM DHANAK, ASHRITHA 802 JUNO LN Add
FOSTER CITY, CA 94404 Remove

MGRM DHANAK, NAYAN 802, JUNE LN Add
MANHAR FOSTER CITY, CA 94404 Remove

MGRM BHASKAR, REENA 3907 SW BANBURY DRIVE
NAYAK BENTONVILLE, AR 72712

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STAT
1411 ADL
VIT
GRID 2

Add

Remove

Add

Remove

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

Dated

Pravitha

Pravitha 8/7/13

Signature of a member or authorized representative of a member

PRANITHA BHASKAR

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA