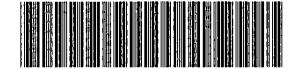
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12 JUL 19 PM 3: 14
SECRETARY OF STATE
ANASSEE FLORIDA

C. LEWIS

JUL 2 0 2012

EXAMINER

COVER LETTER

TO:	Registration Secti Division of Corpo		Mark. Lyth	-mg Saphie,	•	
4	ir Por	KARIRU	COFFEE LL	 C		
SUBJ	ECT:		ted Liability Compa			
The er	nclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.			
Please	return all correspond	ence concerning this matter	to the following:			
			CHIRAG AM	IN		
			Name of Person	1		
			Firm/Company	<u></u>		
		8369	WESTCOTT S	HORE DR		
			Address			
		(ORLANDO FL 3			
			City/State and Zip C			
		E-mail address: (1	renu@yashcon. to be used for future ar	com inual report notifica	tion)	
For fu	orther information con	cerning this matter, please c	all:			
Chirag Amin		at (_407_)	76 Code & Daytime T	36 6061		
	Name of P	erson	Area	Code & Daytime I	elephone Number	
Enclo	sed is a check for the	following amount:				
√ \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Certified Co (additional c		S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is en	

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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

(Name of the Limited Liability Company as it now appears on our records.) SSEE

(A Florida Limited Liability Company)

FILED

12 JUL 19 PM 3: 14

05/30/2012 and assigned The Articles of Organization for this Limited Liability Company were filed on L12000072174 Florida document number 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) 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 Zip Code City

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 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 **Type of Action** Title <u>Name</u> Address **MGRM CHIRAG AMIN** 8369 WESTCOTT SHORE DR ✓ Remove ORLANDO FL 32829 MGRM **CHAITALI PATEL** 8369 WESTCOTT SHORE DR ORLANDO FL 32829 Remove Remove Remove □Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 06/28/12 Dated Signature of a member or authorized representative of a member **CHAITALI PATEL** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00