# L12000101487

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## **COVER LETTER**

TO:	Registration Se Division of Cor			
oud ii	DOT.	TEMPLESON	ADVISORS LLC	
SUBJI	ECT:	Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
			Priya Assomull	
			Name of Person	· · · · · · · · · · · · · · · · · · ·
			Firm/Company	
		7	7812 Sierra Mar Drive	
			Address	
			La Jolla, CA 92037	
			City/State and Zip Code	
			null@gmail.com; massomul	
		E-mail address: (	to be used for future annual report notif	ication)
For fur	ther information o	oncerning this matter, please c	all:	
	Priya Asso	mull	858 229-6888	
	Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclos	ed is a check for th	ne following amount:		
□ \$2:	5.00 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:

TO:

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

TEMP	LESON ADVISORS LLC	
(Name of the Limited Li (A F	iability Company as it now appears on our lorida Limited Liability Company)	records.)
The Articles of Organization for this Limited Liabili	ity Company were filed on August C	07, 2012 and assigned
Florida document number L1200010187	·	
This amendment is submitted to amend the followin	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
Priya Waney, LLC		
The new name must be distinguishable and end with the word	s "Limited Liability Company," the designation	المهم المستر
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:		AM 7:56
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		ecords, enter the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida strect	address
		. Florida
_	City	, Florida

### 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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
			Remove
			□ Remove
			Z.o. ₱ Add
			Add Remove
		-	Remove Property of the Control of th
		<del></del>	
		<del></del>	Remove
			□ Add
		****	☐ Remove

. If amending any other informatio	n, enter change(s) here: (Attach additi	onal sheets, if necessary.)
<del></del>	M	
<del> </del>		
Effective date, if other than the da (The effective date must be specific, cannot be the date this document is filed by the Florid	be prior to date of receipt or filed date and cannot	(optional) be more than 90 days after
Dated March 23	2015	_11/
Sig	gnature of membe or authorized representativ	e of a member
	Priya Assomull	/ '
	Typed or printed name of signee	<del></del>

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Filing Fee: \$25.00

