

L120000112166 ✓

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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OFFICE OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

OCT 16 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: ABSOLUTE CONVENIENCE 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:

JIYA PATEL

Name of Person

Firm/Company

765 N NARCOSSEE RD

Address

ST CLOUD FL 34771 US

City/State and Zip Code

RENU@YASHCON.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RENU VARDHAN

Name of Person

at (407)

574-4274

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following 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**

ABSOLUTE CONVENIENCE 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 08/31/2012 and assigned
Florida document number L12000112166.

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)

765 N NARCOSSEE RD

ST CLOUD FL 34771 US

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

765 N NARCOSSEE RD

ST CLOUD FL 34771 US

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:

JIYA PATEL

New Registered Office Address:

2027 SOUTHWIND CIRCLE

Enter Florida street address

PENSACOLA

Florida

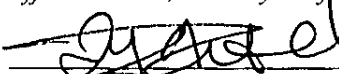
32506

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>	<u>Address</u>	<u>Type of Action</u>
MGRM	GANDHI, GURVINDERSINI	12633 GETTYSBURG CIRCLE ORLANDO FL 32837 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BAEZ, PRISCILLA J	2423 MILLENIA BLVD., APT 201 ORLANDO FL 32839 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	DHRUV, APURVA	2121 S HIAWASSEE RD, UNIT 4550 ORLANDO, FL 32835 US	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

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Dated AUGUST 31ST, 2012



Signature of a member or authorized representative of a member

JIYA PATEL

Typed or printed name of signer