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COVER LETTER

TO: Registration Secti Division of Corpo			₩			
SUBJECT:	BHOLES (Name of Limi	AT, LLC ited Liability Company)				
The enclosed Articles of Amendment and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
	Ra	mesh Patel (Name of Person)	Andrew Control of the			
	Bho	olesai, LLC (Firm/Company)				
	480	9 NW Stallings Dr. (Address)				
	Nacog	docheS Tx 75964 (City/State and Zip Code)	<u> </u>			
For further information concerning this matter, please call:						
Ramesh (Name of Pr	Patel erson)	at (956) 371-158' (Area Code & Daytime To	elephone Number)			
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

Bholesai, LC

(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 Florida document number \(\bigsim \)\(\bigsim \bigsim \)\(\bigsim	<u> </u>				
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	APR - STATE APR -				
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	1700-1710 Tamiami Trail Venice, Florida 34293				
Enter new mailing address, if applicable: (Muiling address MAYBE A POST OFFICE BOX)	101 Hwy 85 N Nieceville, FL 32578				
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here					
Name of New Registered Agent:	mesh Patel				
New Registered Office Address:	Hwy 85 N NiceVille FL 32 5 78 (Enter Florida street address)				
_Nice	(City) FL, Florida 32578 (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)

Page 1 of 2

¹ 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

Title `	<u>Name</u>	Address	Type of Action
MGR	Charu Patel	4809 NW Stallings Dr. Nacogdoches, Tx 75964	Add Remove
MGR	Ramesh Patel	4809 Mul Stallings Dr. Nacogdoches, Tx 75964	_ ☑ Add □ Remove
	· <u></u>		Add Remove
			_□ Add _□ Remove
			_□ Add _□ Remove
			□ Add
			_ □ Remove
D. If amend	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	-
			<u>.</u>
Dated	3/29,0.00	13.	_
	Signature of a member of	or authorized representative of a member	
	Kames	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00