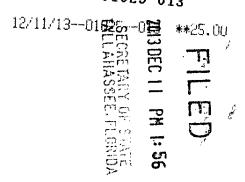
L12000/47559

(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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12/11/13 01025 013



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COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT.

AARYA J 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:

MUKESH PATEL

Name of Person

Firm/Company

176 TUSCANY BEND ST

Address

DAYTONA BEACH FL 32117

City/State and Zip Code

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

For further information concerning this matter, please call:

MUKESH PATEL

_,770,<mark>715-5148</mark>

Name of Person

Area Code & Daytime Telephone 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 OF

AARYA J LLC		
(<u>Name of the Limited L</u> (A F	iability Company as it now appears on or lorida Limited Liability Company)	ur records.)
The Articles of Organization for this Limited Lial Florida document number <u>L12000147559</u>		012 Franciscope Tarky
Florida document number L12000147 559	·	当日
This amendment is submitted to amend the follow	ving:	ARY OF
A. If amending name, enter the new name of t	he limited liability company here:	TION -
		製造 が 合品 の
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," th	e designation "LLC" or the abbreviatio
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	-	
(Mailing address MAY BE A POST OFFICE B	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered offi		cords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	rida 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 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member <u>Title</u> Name **Address Type of Action** 176 TUSCANY BEND ST JYOTSANA P PATEL **MGRM** DAYTONA BEACH FL 32117 MUKESH PATEL **MGRM** DAYTONA BEACH FL 32117 Remove Remove

mending any other	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
Math	TIED		
11000	Signature of a member or authorized representative of a member		
ν/29 L 1	KESH RHOL		
1100	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00

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SECRETARY UT STATE