## 2/30000/1387

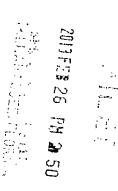
(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
(Doe	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	
	EED o 77 com	D.
	FEB 2 7 2013 A. LUNT	đ
	A. LUNI	

Office Use Only



400245035634

02/25/13--01060--029 \*\*25.00



## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Namaste Cashe, UC

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:

Taral Majone	
Name of Person	
Namoste Cashe, LLC	
Firm/Company	
444 Capistrano Dr	2013 8
Address	rivi Esa
Palm Beach Gardens, FC 334	16
City/State and Zip Code	
Namoste Cache (c) amail. co.	$\gamma$
E-mail address: (to be used for future annual report notification)	S
cerning this matter, please call:	

For further information concerning this matter, please call:

Name of Person

at 500, 200, 300

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

Namuste Cash	ne, ccc	ر 			
(Name of the Limited Liability Compa (A Florida Limited	Liability Company)	our recorus.	<u>.</u> J		
The Articles of Organization for this Limited Liability Company Florida document number <u>21366011387</u> .	y were filed on	[23]]	3 and assi	gned	
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liab	bility company here:				
Namaste Cache, 1	1 0				
The new name must be distinguishable and end with the words "Lim'L.L.C."	ited Liability Company,"	the designation	on "LLC" or the at	breviation	
		1/0			
Enter new principal offices address, if applicable:	<del> </del>	145	- 1 G 23	<del></del>	
Principal office address MUST BE A STREET ADDRESS)		\			
			φψ (./	*- i	
		$\int_{\Omega}$	6	1"	
Enter new mailing address, if applicable:		M		<u> </u>	
Mailing address MAY BE A POST OFFICE BOX)	i.	<u> </u>	5 <u>%</u> 🔊	*,	
		•	50		
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.		records, en	ter the name of	the new	
		$\Omega^{\frac{1}{2}}$			
Name of New Registered Agent:		$\mathcal{V}_{\underline{\underline{}}}$			
New Registered Office Address:					
	Enter F	lorida street	address		
	, Florida				
	City		Zip Code	<del></del>	

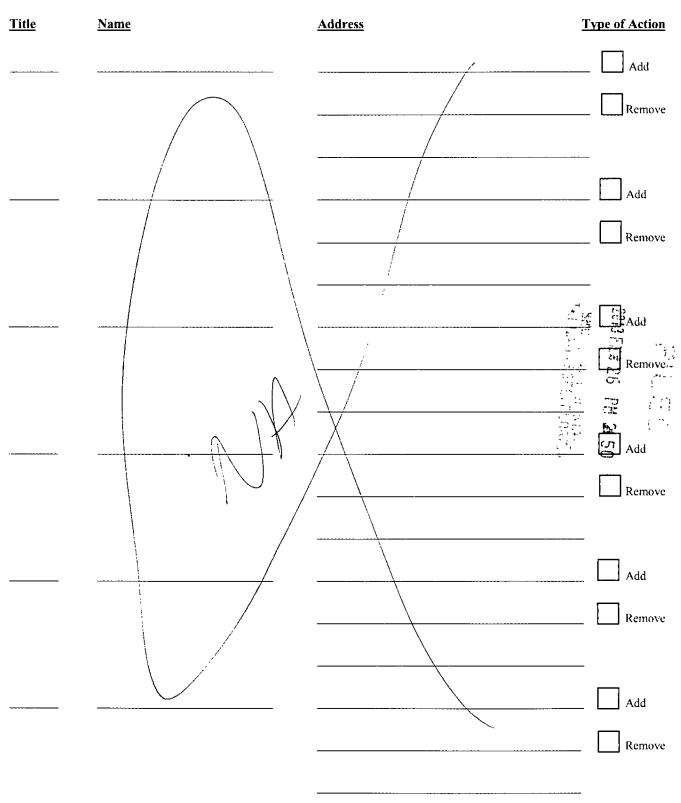
New Registered Agent's Signature, if changing Registered Agent:

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



D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
rs 1	2/13/13
Dated	Signature of a member or authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00