L13000018421

| (Re | equestor's Name) | |
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| (Ad | dress) | |
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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
AHASSEE, FLORIDA

OCT = 3 2014
T. HAMPTON

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

RUDRYAGYAN 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:

VIJAY PATEL

Name of Person

J & S ASSOCIATES

Firm/Company

244 SEINA GARDENS CIR

Address

GOTHA, FLORIDA 34734

City/State and Zip Code

VIJAY@JNSASSOCIATE.COM

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

For further information concerning this matter, please call:

VIJAY

_{.,/}470 \253-5330

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



September 24, 2014

VIJAY PATEL J & S ASSOCIATES 244 SEINA GARDENS CIR GOTHA, FL 34734

SUBJECT: RUDRAGYAN, LLC Ref. Number: L13000018421

We have received your document for RUDRAGYAN, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton Regulatory Specialist III

Letter Number: 414A00020544

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| RUDRYAGYAN LLC | | · |
|--|--|------------------------------------|
| (<u>Name of the Limited Lia</u> (A Flo | bility Company as it now appears on our rairida Limited Liability Company) | ecords.) |
| The Articles of Organization for this Limited Liabilit Florida document number L13000018421 | y Company were filed on 2/5/2013 | and assigned |
| This amendment is submitted to amend the following | ; : | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| N.A | | |
| 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: | N.A | TALE TA |
| (Principal office address MUST BE A STREET AD | DRESS) | 50 0 T |
| | *************************************** | ASS N |
| Enter new mailing address, if applicable: | N.A | rior Property |
| (Mailing address MAY BE A POST OFFICE BOX) | | 984 # |
| | | DE DE |
| B. If amending the registered agent and/or registered agent and/or the new registered office a | ~ | cords, enter the name of the nev |
| Name of New Registered Agent: | .A | |
| New Registered Office Address: | | |
| | Enter Florida street a | ddress |
| | | _, 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 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, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|---------------------------------------|----------------|-----------------------|
| MGR | RIKESH PATEL | 8140 WEKIVAWAY | = Add \ |
| | | JACKSONVILLE | ☐ Remove |
| | | FLORIDA-32256 | |
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| effective | date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State) |
| _{ad} 9/ | 30/2014 |
| | Rusen Part |
| | Signature of a member or authorized representative of a member |
| | PRITIKABAHEN PATEL |
| | |

Page 3 of 3

Filing Fee: \$25.00

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