

# L13000022727

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

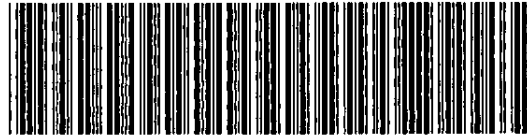
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100244615181

02/19/13--01008--024 \*\*25.00

**FILED**

2013 MAR -1 PM 3:39

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

MAR 04 2013  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2013

MIRIAM L RIVAS  
1802 WHITNEY WAY #202  
WINTER PARK, FL 32792

SUBJECT: SINGH'S SERVICES LLC  
Ref. Number: L13000022727

We have received your document for SINGH'S SERVICES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 313A00004171

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2013 MAR - 1 PM 3:39

FILED

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT:

Singh's Services 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:

Miriam L. Rivas

Name of Person

Singh's Services LLC

Firm/Company

1802 Whitney Way #202

Address

Winter Park, Fla 32792

City/State and Zip Code

themiv@gmail.com

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

For further information concerning this matter, please call:

Miriam L. Rivas

Name of Person

at 347, 226 8710

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

2013 MAR - 1 PM 3:39  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Singh's Services 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 Feb 13, 2013 and assigned  
Florida document number L13000022727

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:

New Registered Office Address:

Enter Florida street address

Florida

City

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

FILED  
2013 MAR - 1 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**MGR = Manager**  
**MGRM = Managing Member**

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

---

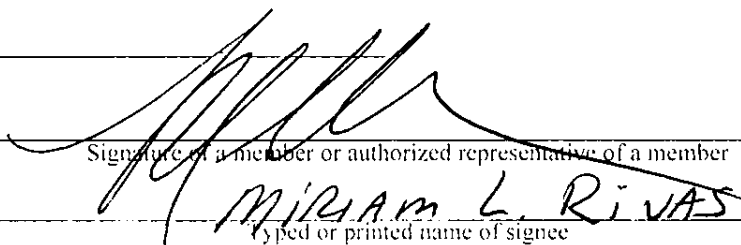
---

---

---

---

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member  
MIRIAM L. RIVAS  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2013 MAR -1 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA