Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : GULATI LAW
Account Number : 120130000014
Phone : (407)900-5054
Fax Number : (407)517-4931

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Office @ gulatilaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHRI BHOLE, LLC

RECEIVED 3 MAR 13 AM 6: 46 ECRETARY OF STATE LLAHASSEE, FLORIDA

Certificate of Status	O CONTRACTOR OF A POPULATION OF THE POPULATION O
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

C. LEWIS MAR 1 4 2013

EXAMINER

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Corporate Filing Menu

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COVER LETTER

TO!

Registration Section **Division of Corporations**

SHRI BHOLE, 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:

SARAH GULATI, ESQ.

Name of Person

GULATI LAW, P.L.

409 MONTGOMERY RD, UNIT 131

Address

ALTAMONTE SPRINGS, FL 32714

City/State and Zip Code

OFFICE@GULATILAW.COM

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

For further information concerning this matter, please call:

SARAH GULATI, ESQ.

_at (407) 900-5054
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

FILLD SECRETARY OF STAIL DIVISION OF CORPORATION

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SHRI BHOLE, LLC			
(Name of the Limited Liability Comna (A Florida Limited I	ny as it now appears on our	records.)	
	•		
The Articles of Organization for this Limited Liability Company	were filed on $\frac{02/25/20^{\circ}}{}$	and assigned	
Florida document number L13000030551			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	151 LYNCHFIELD	AVE	
(Principal office address MUST BE A STREET ADDRESS)	ALTAMONTE SPRINGS, FL 32714		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		ords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Flor	ida street address	
	2.24 1 101	. 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.

03/13/2013 15:41

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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			
<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			_
			Add
			Remove
			_
			Add
			Remove
			Add
			Remove
-			_ Add
			Remove
			- -
			Add
			Remove

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SECRETARY OF STATE OF STATE OF STATE OF COMMERCE OF COMMERCE OF COMMERCE OF COMMERCE OF STATE OF STATE

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D.	ls annen	ding any other information, enter change(s) here: (Altach additional sheets, if necessary.)
	_	
Date	ød	<u>2013</u> .
	7	D.B. Patel.
	•	Signature of a member or authorized representative of a member
		DASHRATH B. PATEL

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Filing Fee: \$25.00