

L130000033739

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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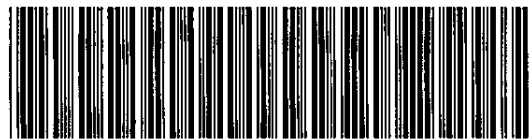
(Business Entity Name)

(Document Number)

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13 NOV - 1 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOV - 4 2013

T. BROWN

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **ARTESIAN HOMES 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:

Prithi Daswani

Name of Person

Prithi Daswani CPA PL

Firm/Company

6735 Conroy Windermere Rd, Suite 315

Address

Orlando, FL 32835

City/State and Zip Code

prithid@cpa.com

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

For further information concerning this matter, please call:

Prithi Daswani

Name of Person

at (**407**) **218-5921**

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**

ARTESIAN HOMES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
13 NOV -1 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 03/01/2013 and assigned Florida document number L13000033739.

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)

6735 Conroy Windermere Rd

Suite 313

Orlando, FL 32835

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6735 Conroy Windermere Rd

Suite 313

Orlando, FL 32835

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:

Prithi Daswani CPA PL

New Registered Office Address:

6735 Conroy Windermere Rd, Suite 315

Enter Florida street address

Orlando

Florida 32835

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

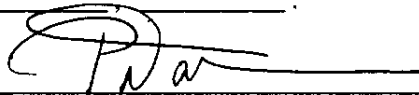
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Prithi Daswani	14617 Avenue of the Rushes	<input type="checkbox"/> Add
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Remove
MGR	Semir R Nayar	6735 Conroy Windermere Rd	<input checked="" type="checkbox"/> Add
		Suite 313	<input type="checkbox"/> Remove
		Orlando, FL 32835	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

Dated **October 30** **2013**



Signature of a member or authorized representative of a member

PRITHI DASWANI

Typed or printed name of signee

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Filing Fee: \$25.00