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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **A & JAI, 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:

**Jitan Kuverji**

Name of Person

**A & JAI, LLC**

Firm/Company

**1300 N. Ponce De Leon Blvd.**

Address

**St. Augustine, FL 32084**

City/State and Zip Code

**bkuverji@gmail.com**

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

For further information concerning this matter, please call:

**Jitan Kuverji**

Name of Person

**408 206-1730**

at ( )

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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**A & JAI, LLC**

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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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Bhavini Patel	1300 N. Ponce De Leon Blvd.	<input type="checkbox"/> Add
		St. Augustine, FL 32084	<input checked="" type="checkbox"/> Remove
MGR	Ameet Patel	1300 N. Ponce De Leon Blvd.	<input type="checkbox"/> Add
		St. Augustine, FL 32084	<input checked="" type="checkbox"/> Remove
MGRM	Jitan Kuverji	1300 N. Ponce De Leon Blvd.	<input checked="" type="checkbox"/> Add
		St. Augustine, FL 32084	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED  
DATE 10/13/2013 BY 60322 JAH/STP

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated September 27, 2013

Bhavi Patel

Signature of a member or authorized representative of a member

Bhavini Patel

Typed or printed name of signee

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Filing Fee: \$25.00

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