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(Requestor's Name)	
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PICK-UP	WAIT	MAIL
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COVER LETTER

TO:	Registration Section
	Division of Cornorations

SIDJECT. 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

___⁴⁰⁸ \206-1730

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

THE REPORT OF THE PARTY OF SPECIAL PROPERTY.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A & JAI, LLC	and the second second	
(Name of the Limited Liabi (A Florid	lity Company as it now appears on our rectal Limited Liability Company)	ords.)
The Articles of Organization for this Limited Liability	y Company were filed on April 2, 201	3 and assigned
Florida document number L13000048014	·	
This amendment is submitted to amend the following	;	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and end with the v "L.L.C."	words "Limited Liability Company," the desi	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		- 10-11-11-11-11-11-11-11-11-11-11-11-11-1
(Principal office address MUST BE A STREET AD	DRESS)	
		2013
Enter new mailing address, if applicable:		5 3
(Mailing address MAY BE A POST OFFICE BOX)		7.6 9 1
		39 F
		3 3 17
B. If amending the registered agent and/or reg registered agent and/or the new registered office agent		Trans.
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida s	treet address
		orida
	' 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 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 **Title** Name **Address Type of Action Bhavini Patel** MGR 1300 N. Ponce De Leon Blvd. St. Augustine, FL 32084 **Ameet Patel** MGR 1300 N. Ponce De Leon Blvd. St. Augustine, FL 32084 Jitan Kuverji **MGRM** 1300 N. Ponce De Leon Blvd. St. Augustine, FL 32084 Remove

D. If amending	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Dated Sept	tember 27, 2013
	Blin As
	Signature of a member or authorized representative of a member
В	havini Patel
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

