

L13 0000 73872

(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



200250074592

07/29/13--01017--023 **25.00

2013 JUL 29 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

JUL 30 2013
T CLINE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TRIKENUS, L.L.C.
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tushaar Desai, Esq.
Name of Person
Desai & Maya, P.A.
Firm Company
1540 Lake Baldwin Lane, Suite B
Address
Orlando, FL 32814
City State and Zip Code

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

For further information concerning this matter please call

Tushaar Desai, Esq. at (407 895-8707)
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$50.00 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2013 JUL 29 PM 1:01

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

TRIKENUS, L.L.C.

(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 05/21/2013 and assigned Florida document number L13000073872.

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)

2572 Maguire Road
Suite 207
Ocoee, FL 34761-4752

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

2572 Maguire Road
Suite 207
Ocoee, FL 34761-4752

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

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

FILED
2013 JUL 29 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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>
MGRM	RAVAL, HARSHA	2572 Maguire Road	<input checked="" type="checkbox"/> Add <i>PLEASE REVERSE</i>
		Suite 207	<input type="checkbox"/> Remove
		Ocoee, FL 34761-4752	
MGR	RAVAL, SUJIT	2572 Maguire Road	<input checked="" type="checkbox"/> Add <i>PLEASE REVERSE</i>
		Suite 207	<input type="checkbox"/> Remove
		Ocoee, FL 34761-4752	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2018 JUL 29 PM 1:01
 FILED

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

TRIKENUS, L.L.C. FEI/EIN Number as 46-2826054

Please revise mailing address of Members.

Dated July 26 2013

Harsha Raval

Signature of a member or authorized representative of a member

Harsha Raval, MGRM

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 JUL 29 PM 1:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED