

#L 13000092656

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

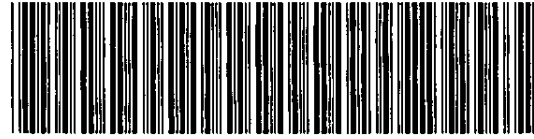
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100249409091

07/05/13--01004--016 **25.00

FILED
13 AUG - 7 PM 1: 16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

AUG - 8 2013



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 8, 2013

GASIN LLC
SHREEPAL PARIKH
8990 N DAVIS HWY, APT. 161
PENSACOLA, FL 32514

SUBJECT: GASIN LLC
Ref. Number: L13000092656

We have received your document for GASIN LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6870.

Karen A Saly
Regulatory Specialist II

Letter Number: 313A00016708

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: GASIN, 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:

SHREEPAL PARIKH

Name of Person

GASIN LLC

Firm/Company

8990 N DAVIS HWY APT 161

Address

PENSACOLA FL 32514

City/State and Zip Code

miltonshell1070@gmail.com

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

For further information concerning this matter, please call:

SHREEPAL (SAM) PARIKH at (714) 727-7493

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

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

FILED
13 AUG -7 PM 1:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

GASIN LLC

(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 06/27/2013 and assigned Florida document number 113000092656.

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)

8981 Highway 87 South
Milton Florida ~~32570~~ 32583

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

8981 HIGHWAY 87 S
MILTON, FL, 32583

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

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	SHREEPAL PARIKH	8990 N DAVIS HWY APT 161	<input checked="" type="checkbox"/> Add
		PENSACOLA FL 32514	<input type="checkbox"/> Remove
MGR	RAJESH R PARIKH	8990 N DAVIS HWY APT 161	<input type="checkbox"/> Add
		PENSACOLA FL 32514	<input checked="" type="checkbox"/> Remove
		FIRST ONE ONLY	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

RAJESH R PARIKH WAS ADDED TWICE AS MGR-REMOVE ONLY ONE

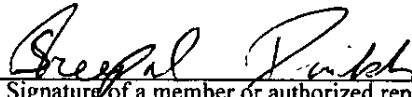
SHOULD BE THREE MEMBERS

RAJESH R PARIKH

SHREEPAL R PARIKH

RAMESH P PATEL

Dated JUNE 28, 2013



Signature of a member or authorized representative of a member

SHREEPAL R. PARIKH

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00