

L13000095448

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Ouligan OCT 17 2013

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: SARJU GROUP 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:

ARVIND V. MENDPARA
Name of Person

SARJU GROUP LLC
Firm/Company

305 CLYDE MORRIS BLVD. SUITE # 200
Address

ORMOND BEACH, FL 32174
City/State and Zip Code

sarjugroupfl@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arvind v. Mendpara at (386) **917-1881**
Name of Person 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 &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SARJU GROUP 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 07/02/2013 and assigned
Florida document number L 13000095448.

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)

305 CLYDE MORRIS BLVD, SUITE # 200
ORMOND BEACH, FL - 32174

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

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: ARVIND V. MENDPARA
New Registered Office Address: 305 CLYDE MORRIS BLVD, SUITE # 200
Enter Florida street address
ORMOND BEACH, Florida 32819
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.

Arvind V. Mendpara
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>
MGRM	NIRUBEN A. MENDPARA	305 CLYDE MORRIS BLVD, SUITE # 200	<input type="checkbox"/> Add
		ORMOND BEACH, FL 32174	<input checked="" type="checkbox"/> Remove
MGRM	ARVIND V. MENDPARA	305 CLYDE MORRIS BLVD, SUITE # 200	<input checked="" type="checkbox"/> Add
		ORMOND BEACH, FL - 32174	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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

Dated October 14th 2013


Signature of a member or authorized representative of a member

Arvind V. Mendipara
Typed or printed name of signee

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