## L13000111291

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TALLAHASSEE, FLORIDA

S DILL

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

CUBIECT

Hathiramani Holdings, 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:

Marlyn J. Wiener, Esq.

Name of Person

Marlyn J. Wiener, P.A.

Firm/Company

6111 Broken Sound Pkwy NW Ste 330

Address

Boca Raton, FL 33487

City/State and Zip Code

marlyn@mwfloridalaw.com

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

For further information concerning this matter, please call:

Marlyn J. Wiener

,,561,44**3-712**4

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

SECRETARY OF STATE A
TALLAHASSEE, FLORIDA
TASEP 12 PM 5: 17

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Hathiramani Holdings, LLC		3 AEC
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny as it now appears on our recliability Company)	13 SEP 1 2 SIGNETARY OF SORIDA and assigned F. FLORIDA
The Articles of Organization for this Limited Liability Company	were filed on August 7, 20	13 and assigned
Florida document number L13000111291		PH 5
This amendment is submitted to amend the following:		- ROP
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the design	gnation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	10407 Van Patten Lan	e
(Principal office address MUST BE A STREET ADDRESS)	Great Falls,VA 22066	
Enter new mailing address, if applicable:	10407 Van Patten Lan Great Falls, VA 22066	
(Mailing address MAY BE A POST OFFICE BOX)	Great Fails, VA 22000	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		, enter the name of the new
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 <u>Title</u> <u>Name</u> <u>Address</u> Type of Action Hansa Hathiramani **MGRM** 10407 Van Patten Lane, Great Falls, VA 22066 Remove Hansa Hathiramani MGR 10407 Van Patten Lane, Great Falls, VA 22066 Remove Remove

D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<sub>Dated</sub> Sep	etember 11 2013
	Moth When
	Signature of a member of authorized representative of a member
	Marlyn J. Wiener
,	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

13 SEP 12 PM 5: 17