

L13000147527

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

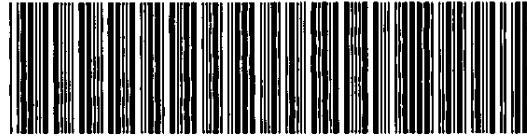
(Business Entity Name)

(Document Number)

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13 OCT 29 AM 11:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **ScienceSavings.com 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:

**Niraj Shrestha**

Name of Person

Firm/Company

**14073 SW 51Ln**

Address

**Miramar FL 33027**

City/State and Zip Code

**nshrestha@sciencesavings.com**

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

For further information concerning this matter, please call:

**Niraj Shrestha**

Name of Person

at (305) 790-1620

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

13 OCT 29 PM 11:48  
TALLAHASSEE, FL  
RECEIVED

ScienceSavings.com LLC

The Articles of Organization for this Limited Liability Company were filed on October 21, 2013 and assigned Florida document number **L13000147525**

**A. If amending name, enter the new name of the limited liability company here:**

**Enter new principal offices address, if applicable:**

***(Principal office address MUST BE A STREET ADDRESS)***

**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:

**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>
MGRM	Narayan Basnet	8944 Town and Country Blvd #E	<input type="checkbox"/> Add
		Ellicott City, MD 21043	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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FALLS CHURCH, VIRGINIA

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

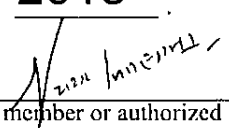
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Dated October 25, 2013

  
Signature of a member or authorized representative of a member

Niraj Shrestha

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

13 OCT 29 PM 11:09  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA