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FILED
15 JUN 18 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 19 2015
J SHIVERS

I, MANOJKUMAR R PATEL, the MGRM of AASHIRVAD OCALA LLC, a Florida Limited Liability Company, by this Certificate hereby transfer, all of my ownership interest, to JIGAR N PATEL, effective on the date given below. This transfer is freely and voluntarily given and has been issued pursuant to the laws of the State of Florida and the organic documents of AASHIRVAD OCALA, LLC.

Dated this 1st day of January, 2015.

Manoj

MANOJKUMAR R PATEL
Member,
Aashirvad Ocala, LLC

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AASHIRVAD OCALA 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:

NITINKUMAR R PATEL

Name of Person

AASHIRVAD OCALA LLC

Firm/Company

5245 E SILVER SPRINGS BLVD

Address

SILVER SPRINGS, FL 34488

City/State and Zip Code

N.PATEL0659@GMAIL.COM

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

For further information concerning this matter, please call:

NITINKUMAR R PATEL

352
at ()

216-4947

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**

AASHIRVAD OCALA 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 10/29/2013 and assigned
Florida document number L13000152189.

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 contain 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) _____

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	MANOJKUMAR R PATEL	35 BANYAN PASS	<input type="checkbox"/> Add
		Ocala, FL 34488	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JIGAR N PATEL	35 BANYAN PASS	<input checked="" type="checkbox"/> Add
		Ocala, FL 34488	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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15 JUN 18 PM 1
SECRETARY OF
TALLAHASSEE, FL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated

5/5/15

Nitin Patel,

Signature of a member or authorized representative of a member

NITIN R PATEL

Typed or printed name of signee