113000/64545

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status _	
Special Instructions to Filing Officer:	

Office Use Only



000281507950

02/05/16--01009--020 **25.00

OBFER -5 AHII: 17

K.SALY EXAMINER

FEB - 9

COVER LETTER

	Registration Sec Division of Corp			
CHD IEC	AJAY MAT			
SUBJEC	T:	Name of Lim	ited Liability Company	
The enclo	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please ret	turn all correspoi	ndence concerning this matter	to the following:	
		PALLAVI S PATEL		
			Name of Person	
			Firm/Company	
		16944 PIERRE CIRCLE		
			Address	,
		DELRAY BEACH, FL 33	446	
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notifi	cation)
For furthe	er information co	oncerning this matter, please ca	all:	
PALLAV	/I S PATEL		561 270-7743	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed	is a check for th	e following amount:		
\$25.0	0 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

	FI	LED
2016	128 - 0	
ALLA	HARY	AM II: 17
<u>s.</u>)	MSSEE,	FISTATE

AJAY MATA LLC

(Name of the Limited Liability Company as it now appears on our records.

(A Florida Limited Liability Company)

LURIUA and assigned Florida document number L13000164545 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: PALLAVI S PATEL Name of New Registered Agent: 16944 PIERRE CIRCLE New Registered Office Address: Enter Florida street address , Florida 33446
Zip Code **DELRAY BEACH** City

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>	Address	Type of Action
MGMR	SUNIL C PATEL	16944 PIERRE CIRCLE	☐ Add
		DELRAY BEACH, FL 33446	■ Remove
			□ Change
			□ Add
			□ Remove
			Change
			Remove T
			Chapge Chapge
***************************************			☐ Add ☐ ☐ ☐ Remove
			□ Change
			Add
			Remove
			☐ Change
			□ Add
			☐ Remove
			☐ Change

•		
 		
		-2
		20 6
		The state of the s
		Serie Filos
		707
		<u> </u>
		
		
 		
	01/01/2016	
ffective date, if other than the date an effective date is listed, the date must be lote: If the date inserted in this block ocument's effective date on the Department.	e of filing: specific and cannot be prior to date of filing or more that does not meet the applicable statutory filing requ	(optional) in 90 days after filing.) Pursuant to 605.0207 irrements, this date will not be listed as
e record specifies a delayed e The 90th day after the record	fective date, but not an effective time, is filed.	at 12:01 a.m. on the earlier of
ated Feb 2	2016	
acci	·	
Pa	nature of a member or authorized representative of a m	

Page 3 of 3

Filing Fee: \$25.00