

L14000006249

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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14 SEP 24 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. Burch SEP 25 2014

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Sai Maharaj 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:

Keyuri Patel
Name of Person

Sai Maharaj LLC
Firm/Company

5001 E. Silver Spring Blvd
Address

Silver Spring FL- 34488
City/State and Zip Code

Keyuri 0926 @ Yahoo. Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keyuri Patel at (201) 757 5633
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 21, 2014

KEYURI PATEL
5001 E SILVER SPRING BLVD
SILVER SPRINGS, FL 3448

SUBJECT: SAI MAHARAJ LLC
Ref. Number: L14000006249

We have received your document for SAI MAHARAJ LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you want a DBA for your LLC then you must file a Fictitious Name Application, proper form is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 814A00018075



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 10, 2014

KEYURI PATEL
5001 E SILVER SPRING BLVD
SILVER SPRINGS, FL 3448

SUBJECT: SAI MAHARAJ LLC
Ref. Number: L14000006249

We have received your document for SAI MAHARAJ LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch
Regulatory Specialist II

Letter Number: 814A00018075

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Sai Maharaj LLC

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

FILED
14 SEP 24 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 1/10/2014 and assigned
Florida document number L 14000006249.

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 "LLC."

Enter new principal offices address, if applicable:

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

5001 East Silver Spring Blvd
Silver Spring
FL 34488

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5001 East Silver Spring Blvd
Silver Spring
FL 34488

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:

Keyuri Patel

New Registered Office Address:

5001 E Silver Spring Blvd, Silver Spring FL 34488
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.

KPatel

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member 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>
MGR	Rajesh Patel	2115 NICKLETT WAY Leesburg, FL-34748	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Devendra Kumar L Patel	5001 E Silver Spring Blvd Silver Spring FL-34488	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

I would like to add DBA NAME

dba - Roadway Inn

E. Effective date, if other than the date of filing: _____ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 09/02/14

Keyur G. Patel

Signature of a member or authorized representative of a member

K. Patel

Typed or printed name of signee

14 SEP 24 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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