

L14 000014593

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FEB 11 2014

J. E. HARRIS MAR 07 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Strollaway, 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:

Shahrakh Khan

Name of Person

Strollaway, LLC.

Firm/Company

407 Lincoln Road, Suite 8H

Address

Miami Beach, FL 33139

City/State and Zip Code

info@strollaway.com

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

For further information concerning this matter, please call:

Shahrakh Khan

Name of Person

at (

786

) Area Code

423-4934

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Strollaway, 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 01/27/14 and assigned
Florida document number L14000014593

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

407 Lincoln Road

Suite 8H

Miami Beach, FL 33139

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

407 Lincoln Road

Suite 8H

Miami Beach, FL 33139

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:

407 Lincoln Road, Suite 8H

Enter Florida street address

Miami Beach

Florida

33139

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 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>
<u>MGR</u>	<u>Vidya Maharaj</u>	<u>6501 Grant St.</u>	<input type="checkbox"/> Add
		<u>Hollywood, FL 33024</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Vidya Maharaj</u>	<u>407 Lincoln Road</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 8H</u>	<input type="checkbox"/> Remove
		<u>Miami Beach, FL 33139</u>	
<u>MGR</u>	<u>Shahrakh Khan</u>	<u>6501 Grant St.</u>	<input type="checkbox"/> Add
		<u>Hollywood, FL 33024</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Shahrakh Khan</u>	<u>407 Lincoln Road</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 8H</u>	<input type="checkbox"/> Remove
		<u>Miami Beach, FL 33139</u>	
<u>MGR</u>	<u>Dharam Maharaj</u>	<u>1321 Flamingo Way</u>	<input type="checkbox"/> Add
		<u>Miami Beach, FL 33139</u>	<input checked="" type="checkbox"/> Remove
<u>MGR</u>	<u>Dharam Maharaj</u>	<u>407 Lincoln Road</u>	<input checked="" type="checkbox"/> Add
		<u>Suite 8H</u>	<input type="checkbox"/> Remove
		<u>Miami Beach, FL 33139</u>	

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

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 March 3rd 2014

Shahrakh Khan

Signature of a member or authorized representative of a member

Shahrakh Khan

Typed or printed name of signee

14 MAR -6 PM 11:22
FILED
TALLAHASSEE, FLORIDA