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(Requestor's Name)				
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(Business Entity Name)				
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## **COVER LETTER**

	•	OVERLEETTER		
TO: Registration So Division of Cor	ection porations	<b>.</b>		
SUBJECT: Vasul	mati Ilc		*	
SUBJECT:		ed Liability Company		
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.		
Please return all correspondence	ondence concerning this matter to	o the following:		
	hemangini pa	andya .		
	Name of Person			
stuart valero				
	79 -11 0	Firm/Company		
4480 s.e st lucie blvd				
Address				
stuart, fl, 34997				
City/State and Zip Code				
	dp101065@hotmail.com  E-mail address: (to be used for future annual report notification)			
			(Callon)	
	concerning this matter, please ca		0.47	
divyang pa	ndya	at (843) 368-80	U1/	
Name o	of Person	Area Code Daytime	Telephone Number	
Enclosed in a shock for e	ha fallanina amount.			
Enclosed is a check for the		<b>—</b> • • • • • • • • • • • • • • • • • • •	7 4/0 00 PW F	
■ \$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

vasumati iic			
(Name of the Limited Liability (A Florida	ty Company as it now appears on our records.) Limited Liability Company)	***	
(A) (O)	Chimed Liability Company)		
The Articles of Organization for this Limited Liability C	ompany were filed on 03-24-2014	and assigned	
14.4000.47700	onipany were med on	and assigned	
Florida document number 114000047790			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	itad liability company horo		
7. If amending dame, enter the new haire of the min	ted habitty company here.		
The new name must be distinguishable and end with the words "Lir	nited Liability Company," the designation "LLC" or	the abbreviation "L.L.C."	
Entenness main simple (Co. 1)			
Enter new principal offices address, if applicable:	1210		
(Principal office address MUST BE A STREET ADDR	RESS)		·
	<del></del>		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		· · ·	
B. If amending the registered agent and/or regis		ter the name of the	e new
registered agent and/or the new registered office add	ress here:		
		· ·	
Name of New Registered Agent:		٠ <u>٠</u> - ا	
New Registered Office Address:		<u> </u>	<u> </u>
	Enter Florida street address	<b>2</b>	}
	F1	S 50	
	, Florida	Zip Code	—
	,	Zip Code	
New Registered Agent's Signature, if changing Registered	d Agent:	0 - 0	
I hereby accept the appointment as registered agent	and agree to act in this capacity. I further	agree to comply wit	th the
provisions of all statutes relative to the proper and co	omplete performance of my duties, and I a	ım familiar with and	1
accept the obligations of my position as registered ag			
being filed to merely reflect a change in the registere			
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 Title . <u>Name</u> Address Type of Action david I harper 913 16th st, ambr □ Add port royal,s.c,29935 Remove □ Add ☐ Remove □ Add \_□ Remove ☐ Remove Remove \_□ Add ☐ Remove

D. If amending any other information, enter change(s) here	: (Attach additional sheets, if necessary.)
	<u> </u>
E. Effective date, if other than the date of filing:  (The effective date must be specific, cannot be prior to date of receipt or fithe date this document is filed by the Florida Department of State)	(optional) ed date and cannot be more than 90 days after
Dated 06-12-2014 2014	
Hemangini D. Pa	rized representative of a member
hemangini.d.pandya	
Typed or printe	name of cionee

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Filing Fee: \$25.00