

L14000074474

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

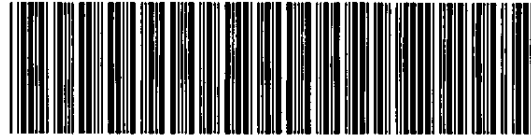
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Burch SEP 10 2014

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **SAHAJANAND BUILDING 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:

**DHRUV PATEL**

Name of Person

**PATEL & PATEL ACCOUNTING**

Firm/Company

**4223 SW. 33RD ST**

Address

**OCALA, FL 34474**

City/State and Zip Code

**PATELNPATEL@OUTLOOK.COM**

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

For further information concerning this matter, please call:

**DHRUV PATEL**

Name of Person

at **352 301-7989**

Area Code

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 &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 1, 2014

DHRUV PATEL  
4223 SW 33RD ST  
OCALA, FL 34474

SUBJECT: SAHAJANAND BUILDING LLC  
Ref. Number: L14000074474

We have received your document for SAHAJANAND BUILDING 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):

Please complete the 1st page of the Article of Amendment.

The effective date must be specific and cannot be prior to the date of filing.

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: 214A00016502



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 15, 2014

DHRUV PATEL  
4223 SW 33RD ST  
OCALA, FL 34474

SUBJECT: SAHAJANAND BUILDING LLC  
Ref. Number: L14000074474

We have received your document for SAHAJANAND BUILDING 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.

The effective date must be specific and cannot be prior to the date of filing.

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: 214A00016502

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

SAHAJANAND BUILDING INC

(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 05/07/2014 and assigned Florida document number L14000074474.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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 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	HIMANSHUBHAI PATEL	4908 SW. 55TH PLACE	<input checked="" type="checkbox"/> Add
		OCALA, FL 34474	<input type="checkbox"/> Remove
MGR	HIMANSHU PATEL	4908 SW. 55TH PLACE	<input type="checkbox"/> Add
		OCALA, FL 34474	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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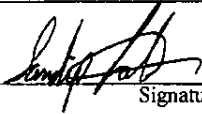
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

ITS A SIMPLE NAME CHANGE DUE TO BANK REQUIREMENT.

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 JULY 13, 2014



Signature of a member or authorized representative of a member

SANDIP PATEL.

Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA