

L14000087441

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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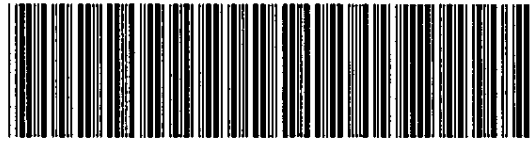
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL 32301

2016 MAR 11 PM 2:01

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K. SALLY
EXAMINER
MAR 14

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: NEW AGE 60, 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:

Uma Thirumavalavan

Name of Person

NEW AGE 60, LLC

Firm/Company

9100 Belvedere Road, Suite 114

Address

Royal Palm Beach, FL 33411

City/State and Zip Code

umathiru2013@gmailcom

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

For further information concerning this matter, please call:

Ravi Mohanka

Name of Person

at (561) 784-8353

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$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**

NEW AGE 60, LLC

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

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2016 MAR 11 PM 2:01
CLERK OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on May 30, 2014 and assigned
Florida document number L14000087441.

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:

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 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>	<u>Address</u>	<u>Type of Action</u>
MGRM	Uma Thirumavalavan	9100 Belvedere Road, Suite 114 Royal Palm Beach, FL 33411	☒ Add ☐ Remove ☐ Change
MGRM	Vallur Thirumavalavan	9100 Belvedere Road, Suite 114 Royal Palm Beach, FL 33411	☐ Add ☒ Remove ☐ Change
MGRM	Vallur Thirumaran	9100 Belvedere Road, Suite 114 Royal Palm Beach, FL 33411	☐ Add ☒ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change
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			☐ Add ☐ Remove ☐ Change
			☐ Add ☐ Remove ☐ Change

FILED
2012 MAR 21 PM 2:01
CLERK OF DISTRICT COURT
PALM BEACH, FLORIDA

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

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2016 MAR 11 PM 2:02
CLERK OF COURT
TALLAHASSEE, FLORIDA

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

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated February 2nd, 2016

[Signature]



[Handwritten signature]

Signature of a member or authorized representative of a member

Uma Thirumavalavan

Vallur Thirumavalavan

Vallur Thirumaran

Typed or printed name of signee

On 2/9/2016 Uma Thirumavalavan,
Vallur Thirumavalavan, + Vallur Thirumaran
signed in my presence

Page 3 of 3

Filing Fee: \$25.00

Sandra M. Pearson

Sandra M. Pearson
Notary Public, State of Ohio, Cuy. Cty.
My commission expires