Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : RICHARDS, GILKEY, FITE, SLAUGHTER, PRATESI & WARD, P.A.

Account Number : 075350000244 Phone : (727)443-3281 Fax Number : (727)447-8830

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: cward@richardsgilkey.com

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ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

(Name of the Umited Liability Company as it now appears) (A Florida Limited Liability Company)	ers on our records.)
The Articles of Organization for this Limited Liability Company were filed on	August 11, 2014 and assigned
Florida document number L14000125807	
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)	1
	ig A
	A T
Enter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	ORAT W
	Ş ^m ,Ψ
3. If amending the registered agent and/or registered office address of registered agent and/or the new registered office address here: Name of New Registered Agent:	
New Registered Office Address: Enter Flo	orida street address
	, Florida
City	Zip Code

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

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If amending Anthorized 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

Title	<u>Name</u>	Address	Type of Action
MGR	UDAY LELE	795 Bayway Blvd	
		Clearwater Beach, FL 33767	■ Remove
			Change
MGR	MAYUR VORA	11580 Oakhurst Road, Suite B	
		Largo, FL 33774-3948	Петоvе
	•		☐ Change
			Remove
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11580 Oakhurst Road, Suite B	
Largo, FL 33774-3948	
	
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tive date, if other than the date of fiting: fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days. If the date inserted in this block does not meet the applicable statutory filing requirements cent's effective date on the Department of State's records. cord specifies a delayed effective date, but not an effective time, at 12:12:12:13:13:13:13:13:13:13:13:13:13:13:13:13:	s, this date will not be
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