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(Re	questor's Name)	
(Add	dress)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ee)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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17 OCT -2 PM 2: 00

COVER LETTER

TO: Registration Section Division of Corpora			
SUBJECT: BK I	ndia Art LLC Natne of Limi	ted Liability Company	
The enclosed Articles of Ame	endment and fec(s) are subn	nitted for filing.	
Please return all corresponder	nce concerning this matter t	o the following:	
-	BHAVNE	A SHAH Name of Person	
-	B. K. J	Judia Art Firm/Company	
-	3637, Deer	Oak Cin Ovied Address	u 32766, FL
- -	bk india ant E-mail address: (u	City/State and Zip Code (a) G mai/. Co M. The used for future annual report notif	ication
For further information conce	rning this matter, please cal	H:	
Bhavna Shah Name of Pers	n Non	at (260) 233 - 1 Area Code Daytime	Telephone Number
Enclosed is a check for the fol	llowing amount:		
\$25.00 Filing Fee	S30.00 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

as it now appears on our records.) oility Company)
ere filed on 10 9 2014 and assigned
v company here:
Company," the designation "LLC" or the abbreviation "LLC."
TI ST
72:00
e address on our records, enter the name of the new
Shah
Deen Ook Cin. Enter Florida street uddress
i eclo Florida 32766 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

Bhaune Shal

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>	Address	Type of Action
MGR	Kathleen Ramsdell	2100 Paradise Point Lane	□ Add
		Apopla, FL 32703	Remove
			Change
			Remove
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ect	ive date lif	other than t	ne date of	filing	(.	130124	21 2		(optional)	
n eff	ective date is	listed, the date n	iust be speci	fic and c	annot be	prior to date	of filing o	or more than	90 days after filing.) Pu	rsuant to 605.0207
cum	ent's effecti	ve date on the	Diock does Departmen	not me nt of Sta	et the ap te's reco	opiicabie sta ords.	itutory i	iling requir	ements, this date will	not be listed as
гес	ord speci	fies a delay	ed effect	ive da	te, but	t not an e	ffectiv	e time, a	t 12:01 a.m. on	the earlier of
he	90th day	after the re	ecord is f	iled.						
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Page 3 of 3

Filing Fee: \$25.00