

LS000043105

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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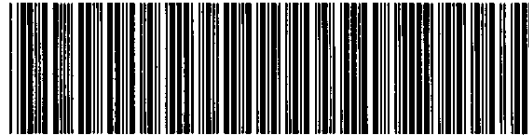
(Business Entity Name)

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LAW OFFICE OF
SHERMAN BROD, P.A.

304 S. PLANT AVE.
TAMPA, FLORIDA 33606

e-mail: brod@usa.com

PLEASE REPLY TO:

TRIAL PRACTICE
BUSINESS, ESTATES
PERSONAL INJURY
GENERAL PRACTICE

P.O. BOX 18877
TAMPA, FLORIDA 33679-8877

PHONE: (813) 251-4389
CELL: (813) 295-8080
FAX: (866) 520-4125

March 25, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Amendment to
Articles of Organization of
S&D Jalaram, LLC
Document No: L15000043109

Dear Sir/Madam:

The above noted LLC is hereby changing its principal address and its mailing address.


Enclosed herewith are the following:

1. Your required cover letter for an Amendment.
2. Articles of Amendment to Articles of Organization of S&D Jalaram, LLC.
3. My office check in the amount of \$25.00 for the filing fee.

If you need anything else from my office, please call me at (813) 295-8080, or e-mail me at brod@usa.com.

Thank you for your attention to and assistance in this matter.

Sincerely,


Sherman M. Brod

SMB/sg
Enclosures

cc: Dinesh Patel, Manager/Member

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: S&P Talarum, 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:

Sherman M. Brod
Name of Person

Law Office of Sherman Brod
Firm/Company

P.O. Box 18877
Address

Tampa, FL 33679
City/State and Zip Code

brod@usa.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sherman Brod at (813) 295-8080
Name of Person 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

S&D Jalaram, LLC

(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 March 10, 2015 and assigned Florida document number L15000043109.

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)

1488 Gulf To Bay Blvd.
Clearwater, FL 33755

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1488 Gulf To Bay Blvd.
Clearwater, FL 33755

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

City, Florida

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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>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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 March 25, 2015.

Sherman M. Brod

Signature of a member or authorized representative of a member

Sherman M. Brod, Attorney

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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JUDICIAL CIRCUIT IN AND FOR
ALCOA COUNTY, FLORIDA