

2 6 345 Sep 04 2015 122 (GMT) 14572091136 From: Sarah Gu  
L15000067293 Revision 1 Corporate  
Email: D...@corporate...  
Subject: [REDACTED]

## Florida Department of State

Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000133597 3)))



H150001335973ABC1

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Top

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : GULATI LAW  
Account Number : I20130000014  
Phone : (407)900-5054  
Fax Number : (407)517-4931

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

Email Address: Office@QuinnLaw.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
5THELEMENT INDIAN GRILL, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

RECEIVED

15 JUN -5 AH 7:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## Electronic Filing Menu

## Corporate Filing Menu

Help

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** STHELEMENT INDIAN GRILL, 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:

SARAH GULATI, Esq.

\_\_\_\_\_  
Name of Person

GULATI LAW, P.L.

\_\_\_\_\_  
Firm/Company

409 Montgomery Road, Suite 131

\_\_\_\_\_  
Address

Altamonte Springs, Florida 32714

\_\_\_\_\_  
City/State and Zip Code

office@gulatilaw.com

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

For further information concerning this matter, please call:

Sarah Gulati, Esq. Attorney for Gulati Law, P.L.

407 900-5054

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_  
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**

**5THELEMENT INDIAN GRILL, 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 04/17/2015 and assigned Florida document number L1500067293.

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

City \_\_\_\_\_

Florida \_\_\_\_\_

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>
AMBR	Vijaya K. R. Indhpupuru	409 Montgomery Road, Suite 131,	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Altamonte Springs, Florida 32714	<input type="checkbox"/> Change
AMBR	Satya Kusumpudi	2334 South Express Bend Drive, Apt 205.	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
		Pompano Beach, Florida 33069	<input type="checkbox"/> Change
AMBR	Sivaphani Kanumuri	24 Highland Circle, Newark, DE - 19713	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <input type="checkbox"/> Change

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 May 19, 2015

  
Signature of a member or authorized representative of a member

SARAH GULATI SARAH GULATI  
Typed or printed name of signer

Page 3 of 3

Filing Fee: \$25.00

FLORIDA DEPARTMENT OF  
STATE  
TALLAHASSEE, FLORIDA

2015 JUN - 5 AM 8:01

11  
12  
13  
14