

6/4/2015

Division of Corporations

L15000086982

Florida Department of State
Division of Corporations
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To: 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

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****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@gulatilaw.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
AKHURATH, LLC**

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TALLAHASSEE, FLORIDA

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D. BRUCE

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AKHURATH, 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

Allamonte 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

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TALLAHASSEE, FLORIDA

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AKHURATH, 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 05/18/2015 and assigned
Florida document number L15000086982.

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)

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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>
AMBR	Gangidi Geetha	8248 Highgate Drive	<input type="checkbox"/> Add
		Jacksonville, Florida 32216	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

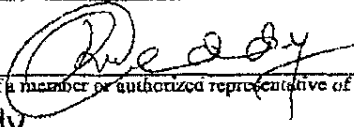
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Pailla Venkat reddy 64% Santosh Paladagula 36%

E. Effective date, if other than the date of filing: 5/24/2015 (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 5/27/2015


Signature of a member or authorized representative of a member

Pailla Venkat Reddy

Typed or printed name of signer

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Filing Fee: \$25.00

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