

L15000156683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

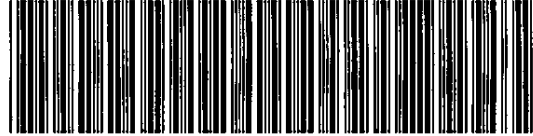
(Document Number)

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08/29/16--01035--023 **25.00

FILED
2016 SEP 16 PM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

SEP 20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2016

JAGDISH AMBWANI
3081 TIMPANA POINT
LONGWOOD, FL 32779

SUBJECT: PARAM ONE VENTURES LLC
Ref. Number: L15000156683

2016 SEP 16 PM 3:30
TALLAHASSEE, FLORIDA
JAGDISH AMBWANI

We have received your document for PARAM ONE VENTURES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 316A00018430

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PARAM ONE VENTURES 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:

JAGDISH AMBWANI

Name of Person

Firm/Company

3081 TIMPANA POINT

Address

LONGWOOD FL 32779

City/State and Zip Code

JAGDISH.AMBWANI@GMAIL.COM

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

For further information concerning this matter, please call:

JAGDISH AMBWANI

at (732) 986-5117

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

PARAM ONE VENTURES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/15/2015 and assigned
Florida document number L15000156683.

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:

1385 W SR 434, STE 206

(Principal office address MUST BE A STREET ADDRESS)

LONGWOOD FL 32750

Enter new mailing address, if applicable:

1385 W SR 434, STE 206

(Mailing address MAY BE A POST OFFICE BOX)

LONGWOOD FL 32750

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:

JAGDISH AMBWANI

New Registered Office Address:

3081 TIMPANA POINT

Enter Florida street address

LONGWOOD

City

Florida 32779

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	JAGDISH AMBWANI	3081 TIMPANA POINT	<input checked="" type="checkbox"/> Add
		LONGWOOD FL 32779	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DOLLY UBHRANI	3081 TIMPANA POINT	<input type="checkbox"/> Add
		LONGWOOD FL 32779	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MBR	CHANDERLAL AMBWANI	8048 CRUSHED PEPPER AVE	<input type="checkbox"/> Add
		ORLAND FL 32817	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	USHADEVI AMBWANI	8048 CRUSHED PEPPER AVE	<input type="checkbox"/> Add
		ORLANDO FL 32817	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	RAMESHLAL AMBWANI	8048 CRUSHED PEPPER AVE	<input type="checkbox"/> Add
		ORLANDO FL 32817	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

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TALLAHASSEE, FLORIDA

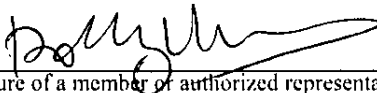
E. Effective date, if other than the date of filing: 08/19/2016 (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:
(b) The 90th day after the record is filed.

Dated AUGUST 19TH, 2016



Signature of a member or authorized representative of a member

DOLLY UBHRANI

Typed or printed name of signee