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Florida Department of State
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To: Division of Corporations
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PARKLAND SAIBABA LLC

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Help

COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: Parkland Saibaba 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:

Cheyenne Moseley

Name of Person

Legalzoom.com, Inc.

Firm/Company

100 W. Broadway Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

rajivpanmar@gmail.com

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

For further information concerning this matter, please call:

Imelda Vasquez

Name of Person

323 962-8600 ext 7950

at () Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$25.00 Filing Fee☐ \$30.00 Filing Fee &
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(additional copy is enclosed)☐ \$60.00 Filing Fee,
Certificate of Status &
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(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

From: Sonali Parmar

Fax: (305) 417-6500

To:

Fax: +1 (323) 962-4521

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Parkland Saibaba LLC

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

The Articles of Organization for this Limited Liability Company were filed on 10/22/2015 and assigned
Florida document number L15000179691.

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 "LLC."

Enter new principal offices address, if applicable:

7235 NW 60TH LN.

(Principal office address MUST BE A STREET ADDRESS)

Parkland, Florida 33067

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

From: Sonali Parmar

Fax: (305) 417-6500

To:

Fax: +1 (323) 962-4621

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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>
AMBR	RAJIV PARMAR	7235 NW 60TH LN	<input type="checkbox"/> Add
		PARKLAND, FL 33073	<input checked="" type="checkbox"/> Remove
AMBR	RAJIV PARMAR	7235 NW 60TH LN	<input checked="" type="checkbox"/> Add
		PARKLAND, FL 33067	<input type="checkbox"/> Remove
AMBR	SONALI PARMAR	7235 NW 60TH LN	<input type="checkbox"/> Add
		PARKLAND, FL 33073	<input checked="" type="checkbox"/> Remove
AMBR	SONALI PARMAR	7235 NW 60TH LN	<input checked="" type="checkbox"/> Add
		PARKLAND, FL 33067	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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From: Sonali Parmar

Fax: (305) 417-8500

To:

Fax: +1 (323) 982-4521

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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 10/30/2015

Rajiv Parmar
Signature of a member or authorized representative of a member
RAJIV PARMAR
Typed or printed name of signer

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