



**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Axar Consulting LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and *fec(s)* are submitted for filing.

Please return all correspondence concerning this matter to the following:

Priti Ruparelia  
Name of Person  
Axar Consulting LLC  
Firm/Company  
13506 Summerport Village Pkwy, # 800  
Address  
Windermere, FL 34786  
City/State and Zip Code  
rupareliak@aol.com  
E-mail address: (to be used for future annual report notification)

16 NOV 17 PM 3:03  
FLORIDA STATE  
SECRETARY OF  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Priti Ruparelia at ( 407 ) 492-5878  
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



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	Kamalnayan R Ruparelia	13506 Summerport Village Pkwy, # 800	<input checked="" type="checkbox"/> Add
		Windermere, FL 34786	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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 SECRETARY OF FLORIDA  
 FALL 11 AM 3:03 PM '07

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

N/A

Multiple horizontal lines for amending information.

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 NOV 17 PM 3:03

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

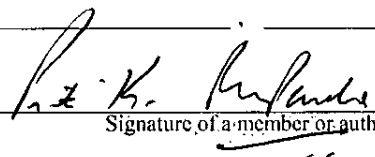
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**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 11/16/2016



Signature of a member or authorized representative of a member

Priti Ruparelia

Typed or printed name of signee