

2/22/2016

L16000027844

Division of Corporations

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.

((H16000045625 3)))



H160000456253ABC3

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

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

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@gulati-law.com.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RADHE KRISHNA STORE LLC

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

RECEIVED

2016 FEB 23 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 FEB 23 A 8:55

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RADHE KRISHNA STORE 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

479 MONTGOMERY PLACE

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

at (407) 900-5054

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

RADHE KRISHNA STORE 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 02/09/2016

Florida document number L16000027844

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)

479 MONTGOMERY PLACE

ALTAMONTE SPRINGS, FLORIDA

32714

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

479 MONTGOMERY PLACE

ALTAMONTE SPRINGS, FLORIDA

32714

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:

GULATI LAW, P.L.

New Registered Office Address:

479 MONTGOMERY PLACE

Enter Florida street address

ALTAMONTE SPRINGS

Florida 32714

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>
MGR	PATEL, NILPA	229 WHITESAND CT	<input type="checkbox"/> Add
		CASELLBERRY, FL 32707	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	GULATI, VIJAY	479 MONTGOMERY PLACE	<input checked="" type="checkbox"/> Add
		ALTAMONTE SPRINGS, FL	<input type="checkbox"/> Remove
		32714	<input type="checkbox"/> Change
MGR	PATEL, PRITESHKUMAR	229 WHITESAND CT	<input checked="" type="checkbox"/> Add
		CASELLBERRY, FL 32707	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
2016 FEB 23 AM 8:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

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

[illegible]

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 February 22, 2016

J Patel

Signature of a member or authorized representative of a member

Jitendra Patel

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2018 FEB 23 A 8:55
SECRETARY OF STATE
TAMPA FLORIDA