110000062664

(Re	questor's Name)	
(Ad	dress)	<u> </u>
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
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APR 28 2016

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April 21, 2016

RITA PATEL 20 RIO VISTA ROAD ARCADIA, FL 34266

SUBJECT: LAKSHYA LLC. Ref. Number: L16000062664

We have received your document for LAKSHYA 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 document must be signed by a member or an authorized representative of a member.

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.

Letter Number: 516A00008264

Stacey M Warren Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Division of C				
CUBIFCT.	LAKSHYA LLC			
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles	of Amendment and fee(s) are sub	bmitted for filing.		
Please return all corres	pondence concerning this matter	to the following:		
	RITA PATEL			
	***************************************	Name of Person	·····	
		Firm/Company		
	Firm/Company 20 RIO VISTA RD			
	Address			
	ARCADIA, FL 34266			
	*****	City/State and Zip Code		
	rmpatelfl@gmail.com	Z-11		
	E-mail address:	(to be used for future annual report notif	ication)	
For further information	concerning this matter, please of	eall;		
RITA PATEL		863 244-1710 at ()		
Name of Person		Area Code Daytimo	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

LAKSHYA LLC			
(Name of the Limited Liab (A Flori	ility Company as it now appea da Limited Liability Company)	rs on our records.)	
he Articles of Organization for this Limited Liability	Company were filed on	03/28/2016	and assigned
orida document number L 16000062664	·		
nis amendment is submitted to amend the following:			
. If amending name, <u>enter the new name of the li</u>	mited liability company h	e <u>re</u> :	
ne new name must be distinguishable and contain the words "Li	imited Liability Company," the c	designation "LLC" or the	abbreviation "L.L.C."
nter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADL	ORESS)		
			
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			
•			
			4b a6 4b
. If amending the registered agent and/or reg		i our records, <u>ente</u>	r the name of the
			
Name of New Registered Agent:			
New Registered Office Address:			
The Tregistered Office Tradiess.	Enter Flo	rida 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>	Address	Type of Action
MGR	JOSHUA CASTILLIEJA	20 RIO VISTA RD, ARCADIA, FI	Add
			□ Remove
			Change
MGR	SONIA CASTILLIEJA	20 RIO VISTA RD, ARCADIA, FI	Add
			□ Remove
			Change
			☐ Remove
			Change
			Add
			Remove
			Change
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		; ;	Add Remove

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reffective d	ate is listed, the date must be s	pecific and cannot be pri	or to date of filing or mo	re than 90 days	after fili	ng.) Purs	uant to 605.0
<u>te:</u> If the country	date inserted in this block d ffective date on the Departi	oes not meet the appliment of State's record	icable statutory filing	requirements	s, this da	ite will t	ioi de listea
	pecifies a delayed eff		ot an effective ti	me, at 12:	01 a.m	n. on t	he earlier
he 90th	day after the record	is filed.				2	
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Filing Fee: \$25.00