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. . . . COVER LETTER

BOLLYWO SUBJECT:	OOD INDIAN CUISINE LLC		
Sobject:	Name of Limi	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	CHARLES GENTRY		
		Name of Person	
	ACCOUNTING AND TAX	X ASSOCIATES	
		Firm/Company	
	1903 N HERCULES AVE		
	,	Address	
	CLEARWATER, FL 3376.	3	
	<u> </u>	City/State and Zip Code	
	CHARLIE@ACCOUNTING		
	E-mail address: (t	to be used for future annual report notifi	cation)
For further information c	concerning this matter, please ea	all:	
CHARLES GENTRY		727 230-6964 at ()	
Name o	of Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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:

"TO:

Registration Section Division of Corporations

> 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

BOLLY WOOD INDIAN CUISING LLC	The same of the sa	1
(A Florida Limit	npany as it now appears on our records. ed Liability Company)	J
The Articles of Organization for this Limited Liability Compa	any were filed on <u>04/08/2016</u>	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited l	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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	<u> </u>	
		25. 12.
		T P
Enter new mailing address, if applicable:		ASS . 30
Mailing address MAY BE A POST OFFICE BOX)		a m
		File C
		2 N
B. If amending the registered agent and/or registered registered agent and/or the new registered office address I		enter the name of the
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
- 	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
AMBR	SRAJAM KUMAR VIYOGI	25000 US HWY 19 NORTH	
		CLEARWATER, FL 33763	■ Remove
		<u></u>	☐ Change
			□ Remove
			Change
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n effective date te: If the da	e is listed, the date i te inserted in this	he date of filing must be specific and block does not m Department of St	cannot be prior to da eet the applicable	ne of filing or more statutory filing re	(option than 90 days after fil quirements, this d	ing.) Pursuant to 6	605.026 isted a
record sp he 90th d	ecifies a delay ay after the r	ved effective da ecord is filed.	ate, but not ar	n effective time	e, at 12:01 a.r	n. on the ear	lier (
ted <u>07</u> /	25/18	,					
							

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00