

L16000095052

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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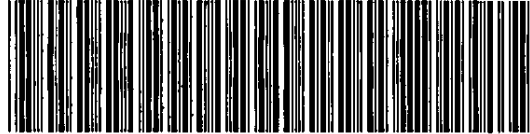
(Business Entity Name)

(Document Number)

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MAY 31 2016

SWAGGER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NALANDA ESTATES 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:

VINOD KHILNANI
Name of Person

NALANDA ESTATES LLC
Firm/Company

6118 Kipps Colony Dr. W
Address

Gulfport, FL 33707
City/State and Zip Code

Khilnani@sbcglobal.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VINOD KHILNANI at (574) 536-1451
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

NALANDA ESTATES LLC

The Articles of Organization for this Limited Liability Company were filed on May 16, 2016 and assigned
Florida document number L 16000095052

Page 1 of 3

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>
<u>AP</u>	<u>GITA KHILNANI</u>	<u>6118 Kipps Colony Dr. W</u>	<input type="checkbox"/> Add
		<u>Gulfport, FL 33707</u>	<input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
<u>AP</u>	<u>Ashok Gupta</u>	<u>17510 Brandywood Court</u>	<input type="checkbox"/> Add
		<u>Granger, IN 46530</u>	<input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
<u>AP</u>	<u>Mohan Reddy</u>	<u>30799 Pinebree Road</u>	<input type="checkbox"/> Add
		<u>Pepper Pike, OH 44124</u>	<input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
<u>AP</u>	<u>Sharda Khilnani</u>	<u>1228 Miracle Drive</u>	<input type="checkbox"/> Add
		<u>Wake Forest, NC 27588</u>	<input checked="" 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

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

Blank lined area for amending information, crossed out with a diagonal line.

E. Effective date, if other than the date of filing: May 31, 2016 (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 May 21 2016, _____.



Signature of a member or authorized representative of a member

VINOD KHILNANI

Typed or printed name of signee

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CLERK OF THE
DEPARTMENT OF
STATE
FLORIDA