# 116000136806

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(Ad	dress)	
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(Cit	y/State/Zip/Phone #/	- ····
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## **COVER LETTER**

TO: Registration So Division of Con		
AASHRA	AY LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
Please return all correspo	condence concerning this matter to the following:	
	Akshay Dave	
	Name of Person	
<b>A</b>	A+ Accounting & Tax	
1	Firm/Company	
	P O Box 372	
	Address	
	Brandon FL 33509	
	City/State and Zip Code	
	Tax4002@gmail.com  E-mail address: (to be used for future annual report notification)	
For further information of	concerning this matter, please call:	
Akshay Dave	813 381-3809 at ()	
Name o	of Person Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:	
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing  Certificate of Status Certified Copy Certificate o  (additional copy is enclosed) Certified Copy  (additional copy	f Status &

#### 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

AASHRAY LLC		
( <u>Name of the Limited</u> (A	I Liability Company as it now appears on our record A Florida Limited Liability Company)	<u>s.</u> )
The Articles of Organization for this Limited Liab Florida document number L16000136806	bility Company were filed on JULY 20, 2016	and assigned
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the work	ds "Limited Liability Company," the designation "LLC	" or the abbreviation "L.L.C."
Enar new principal offices address, if applicab	ole:	
(P. pal office address MUST BE A STREET	<u>ADDRESS)</u>	
Ent ew mailing address, if applicable:		ं के
(Ma. g address MAY BE A POST OFFICE BO	OX)	007 - 3 341) St
B. If mending the registered agent and/or registered agent and/or the new registered office	registered office address on our records ce address here:	-
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	1
		orida
	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:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Jatin C Patel	13216 Silver Dust Lane	Add
		Chester VA 23836	<b>=</b> Remove
			☐ Change
MGR	Jatin C Shah	13216 Silver Dust Lane	■ Add
1		Chester VA 23836	Remove
			Change
-		·	Add
			Remove
			□ Change
-			
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frective date, if other than the d	ate of filing:		(opti	onal)		
freeding date, if other than the d fan effective date is listed, the date must be Note: If the date inserted in this block	be specific and cannot be prick does not meet the appl	or to date of filing or i	nore than 90 days after	r filing.) Pur s date will	rsuant to not be l	605.020 listed a
document's effective date on the Dep	artment of State's record	s.	,			
	. ee ar da ba la b	- h 66 hi	Maria - ab 10.01			
ne record specifies a delayed The 90th day after the recor		ot an effective	time, at 12:01	a.m. on	tne ea	rner
September 30th Dated	2016					
fingle for	ignature of a member or au	hariyad vanvasantati-	e of a member			•
- JVV J A J S	ignature of a member or au	horized representativ	e of a member			•

Page 3 of 3

Filing Fee: \$25.00