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(Re	questor's Name)	
bA)	dress)	<u></u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	TIAW	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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S. WARREN AUG 1 8 2017

COVER LETTER

TO: Registration S Division of Co		•	•
SUBJECT:	NILKAN	TH GROUP LLC	
<u> </u>	Name of Limi	ited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
		EASHA SHAH	
		Name of Person	
	ì	NILKANTH GROUP LLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	51(CASCADING CREEK LANE	
		Address	
	WD	NTER GARDEN FL 34787	
		City/State and Zip Code	.
		et)786@theupsstore.com	
	E-mail address: (t	o be used for future annual report noti	fication)
For further information	concerning this matter, please ca	iil:	
EASI	IA SHAH	407 761-0005 at ()	
Name	of Person	Area Code Daytim	e Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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

	PUP LLC
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number	ompany were filed on 07-18-2017 and assigned
his amendment is submitted to amend the following:	
A. If amending name, <u>enter the new name of the limite</u>	ed liability company here:
he new name must be distinguishable and contain the words "Limite	ed 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 ADDRE	ESS)
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	
 If amending the registered agent and/or registe egistered agent and/or the new registered office addre 	
egistered agent and/or the new registered office addre	
egistered agent and/or the new registered office addre	
egistered agent and/or the new registered office addre	Enter Florida street address
egistered agent and/or the new registered office addre	Enter Florida sweet address Florida City Zip Code

Frage 1 of 3 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>	Address	Type of Action
AMBR	SONA K SHAH	510 CASCADING CREEK LANE	
		WINTER GARDEN FL 34787	■ Remove
			☐ Change
AMBR	KALPESH P SHAH	510 CASCADING CREEK LANE	■ Add
		WINTER GARDEN FL 34787	Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			□ Remove
			□ Change
			
			□ Remove
			Remove
			Remove 35

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iote: If the		does not meet the applic	able statutory filing requirement		
	specifies a delayed e h day after the record		t an effective time, at 17	2:01 a.m. on the ea	rlier o
ated	August 14	2017	<u> </u>		
_	2	ashashal	orized representative of a member	17 AU6	
	ວຸທູ	EASHA SHAH	stized representative of a memoer	<u> </u>	
-			ed name of signee		. 0
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				35 100 100 100 100 100 100 100 100 100 10	

Page 3 of 3

Filing Fee: \$25.00