# L18000033757

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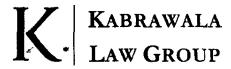
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### The Kabrawala Law Group PLLC

190 East Morse Boulevard Winter Park, Florida 32789

> Tel: (407) 801-3330 Fax: (407) 602-7667

Chirag B. Kabrawala, Esq.<sup>†</sup>

Email: chirag@cbklawgroup.com Web: www.cbklawgroup.com † admitted in Florida and New York

February 28, 2018

Via Overnight Mail

(850-245-6051)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Articles of Amendment to Articles of Organization

Company: Pramukhdarsan Management, LLC

Document No: L18000033757

Dear Sir or Madam,

Please find enclosed Articles of Amendment to the Articles of Organization of Pramukhdarsan Management, LLC, a Florida limited liability company (the "Company").

These Articles of Amendment are intended to <u>remove</u> Sandipkumar Adhuria as a Manager of the Company, and the Articles of Organization of the Company are not changed in any other respect.

Enclosed is a check payable to the "Florida Department of State" for filing fees. Please feel free to call me at 407-801-3330 if you have any concerns or questions regarding this filing. We appreciate your assistance with and prompt attention to this matter.

Very truly yours,

Chirag B. Kabrawala

## **COVER LETTER**

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Divis	sion of Corp	orations		
SUBJECT:		DARSAN MANAGEMENT	, LLC	
SUBJECT:	_	Name of Lim	nited Liability Company	
The enclosed.	Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please return a	ill correspond	dence concerning this matter	to the following:	
		CHIRAG KABRAWALA		
			Name of Person	
		KABRAWALA LAW GR	OUP PLLC	
Firm/Company				
	517 SHADY LANE DRIVE			
			Address	····
		ORLANDO, FLORIDA 3	2804	
			City/State and Zip Code	
		chirag@cbklawgroup.com		
		E-mail address: (	to be used for future annual report notifica	tion)
For further inf	ormation cor	acerning this matter, please ca	all:	
CHIRAG KA	BRAWALA		407 801-3330 at ()	ephone Number  \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<del></del>	Name of I	Person	Area Code Daytime To	elephone Number
Enclosed is a	check for the	following amount:		
\$25.00 Fil	ing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy

MAILING ADDRESS:

TO:

**Registration Section** 

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

The Articles of Organization for this Limited Liability Compa	any were filed on 02/06/2018	and assigned	
Florida document number L18000033757			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited li	iability company here:		
The new name must be distinguishable and contain the words "Limited Li	iability Company," the designation "LLC" o	or the abbreviation "L.L,C."	_
Enter new principal offices address, if applicable:			<del></del>
(Principal office address MUST BE A STREET ADDRESS)			-TAT
			L CR
		**	HAET F
Enter new mailing address, if applicable:			_SER
(Mailing address MAY BE A POST OFFICE BOX)		PH	_流성단
		<del></del>	LS T
		09	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		enter the name of the	new
Name of New Registered Agent:	<u> </u>	<u> </u>	_
New Registered Office Address:			_
-	Enter Florida street address		
	, Flori		<u> </u>
	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

amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SANDIPKUMAR ADHURIA	66 ROCKWAY AVENUE	
		WEYMOUTH, MA 02188	Remove
			Change
			☐ Remove
			□ Change
		<del> </del>	Add
			□ Remove
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ffec	ve date, if other than the date of filing: (optional citive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing	) a \ Pursuant to 605 020	17 C
Note:	If the date inserted in this block does not meet the applicable statutory filing requirements, this date	e will not be listed a	s th
locur	ent's effective date on the Department of State's records.		
ne re	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m.	on the earlier o	of:
	90th day after the record is filed.		
	745runy 28 , 2018.		
Dated	tebruay 28		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00