L18000125596

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AKSHAR FUNDS LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BAJENDRA PATEL
Name of Person

Firm/Company

9023 WESTBAY BLVD
Address

TAMPA FL 33615
City, State and Zip Code

bpatel524@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BAJENDRA PATEL at 813 380-3502
Name of Person Area Code Daytime Telephone Number

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ $25 Filing Fee
☐ $30 Filing Fee & Certificate of Status
☐ $55 Filing Fee & Certified Copy
☐ $60 Filing Fee, Certificate of Status & Certified Copy

CR2E062 (9-15)

2011 JUN -4 A 8:32

STATEMENT OF CORRECTION
FOR
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

Pursuant to section 605.0208, F.S., this document is being submitted to correct a previously filed document.

FIRST: The name of the limited liability company is AKSHAR FUNDS LLC.

SECOND: The Florida Document number of the limited liability company is L18000125521.

THIRD: Document to be corrected is NO SUITE #.

(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)

☑ Contains an incorrect statement. The incorrect statement, or where the statement is incorrect, and the corrected statement are as follows:

The correct address should read as follows,
9023 Westbay Blvd.
Tampa FL 33615

OR

☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

OR

☐ The electronic transmission of the record was defective.

Rajendra R. Patel
Signature of Authorized Representative — Date

Signature of new registered agent, if applicable: (NOTE: If correcting the registered agent, the new registered agent must sign accepting the designation)

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.

Rajendra R. Patel
Registered Agent's Signature

Filing Fee:	**$25.00**
Certified Copy:	**$30.00 (optional)**

CR2E062 (9/15)