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COVER LETTER

Division of Corpo	rations		
SUBJECT: Am	ita Instit	ute LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please return all correspond	ence concerning this matter	to the following:	
	K. Nin	a Lombardo	
		Name of Person	
	Amrita	a Institute	
		Firm/Company	
	9200 NW 3	9th Ave Suite 1	30-78
		Address	
	Gainesvi	ile, FL 32606	
		City/State and Zip Code	
		ina@gmail.com	
	E-mail address: (to be used for future annual report notifi	cation)
For further information con-	cerning this matter, please ca	atl:	
Nina L	ombardo	at (352) 519-2	.390
Name of P	erson	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:

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

TO ARTICLES OF ORGANIZATION OF

·				Carlo
Amrita Instit			\$, -	
(Name of the Limited Liability Compa (A Florida Limited I	i ny as it now Liability Cor	npany)	t teestige)liji	14 b # #0
The Articles of Organization for this Limited Liability Company	were filed	on 11 2	6/2018	and assigne
Florida document number <u>L 18000272906</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility comp	any here:		
The new name must be distinguishable and contain the words "Limited Liabil	lity Compan	y," the designati	on "LLC" or the	abbreviation "L.L.C.
Enter new principal offices address, if applicable:	920	WN OC	39+4 A.	ve
(Principal office address MUST BE A STREET ADDRESS)	Su	ite 130	2-78	
	Gai	nesvill	e, FL	32606
Enter new mailing address, if applicable:	920	WN 00	39+4 A	ve
(Mailing address MAY BE A POST OFFICE BOX)			78	
	<u> Gai</u>	nesvil	le, FL	32606
B. If amending the registered agent and/or registered of		ess on our	records, enter	r the name of
registered agent and/or the new registered office address here	¥ :			
Name of New Registered Agent: Bil	oian	a Coo	o k	
New Registered Office Address: 82	Tan	bark	Trail	
		nter Florida stree		
Wel	lingt	-0n	, Florida	33414

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 we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Ac
			□ Add
			□ Remove
			☐ Change
			□ Remove
			Change
			Remove
		<u> </u>	Change
			Add
			Remove
			□ Remove
			☐ Change
			Add
			Remove
			Change

Please amend the address of the current on	14
Authorized Member of Amrita Institute LLC-	'
<u>Kristine</u> Nina Lumbardo	
Remove this address on File:	
231 SE 70+4 St	
Gainesville, FL 32641	
Change to:	
9200 NW 39th Ave	<u>.</u>
Suite 130-78	
Gainesville, FL 32606	
	
ffective date, if other than the date of filing:	suant to 605.02
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will a document's effective date on the Department of State's records.	not be listed a
e record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t The 90th day after the record is filed.	he earlier
Dated June 11, 2019.	
Signature of a member or authorized representative of a member	
Kristine Nina Lombardo Typed or printed name of signee	
Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00