

P03000017821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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11/27/12--01001--016 **10.00

11/06/12--01006--012 **25.00

1/4/13 RW
Amd

13 JAN -4 PM 4:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: SAVITA INC.

DOCUMENT NUMBER: P03000017821

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

ATMARAM K PATEL

Name of Contact Person

SAVITA INC.

Firm/ Company

1219 LAKE LAND HILL BLVD

Address

LAKELAND , FL-33805

City/ State and Zip Code

SAVITA INC_NICKS@YAHOO.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIJAY PATEL

Name of Contact Person

at (407) 253-5330

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount made payable to the Florida Department of State:

☐ \$35 Filing Fee

☐ \$43.75 Filing Fee &
Certificate of Status

☐ \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed)

☐ \$52.50 Filing Fee
Certificate of Status
Certified Copy
(Additional Copy
is enclosed)

Mailing Address

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAVITA INC.
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

PATEL, ATMARAM K

Name of Person

SAVITA INC.

Firm/Company

1219 LAKE LAND HILL BLVD

Address

LAKE LAND, FL 33805

City/State and Zip Code

DHRUV@JNSASSOCIATE.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DHRUV PATEL

Name of Person

at (352)

351-0012

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:

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2012

ATMARAM K PATEL
SAVITA INC.
1219 LAKE LAND HILL BLVD
LAKELAND, FL 33805 US

SUBJECT: SAVITA, INC.
Ref. Number: P03000017821

We have received your document for SAVITA, INC. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The above entity is a Florida corporation and the document submitted is for a Florida limited liability company. The correct form is enclosed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 012A00028375

RECEIVED

13 JAN -4 AM 8:05

RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 28, 2012

ATMARAM K PATEL
SAVITA INC.
1219 LAKE LAND HILL BLVD
LAKELAND, FL 33805 US

SUBJECT: SAVITA, INC.
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Rebekah White
Regulatory Specialist

Letter Number: 012A00028375



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2012

ATMARAM K PATEL
SAVITA INC.
1219 LAKE LAND HILL BLVD
LAKELAND, FL 33805 US

SUBJECT: SAVITA, INC.
Ref. Number: P03000017821

We have received your document for SAVITA, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 412A00027591

\$10
CH 20 - 1051

RECEIVED
12 NOV 26 AM 10:15
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 15, 2012

ATMARAM K PATEL
SAVITA INC.
1219 LAKE LAND HILL BLVD
LAKELAND, FL 33805 US

SUBJECT: SAVITA, INC.
Ref. Number: P03000017821

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If you have any questions concerning the filing of your document, please call (850) 245-6820.

Rebekah White
Regulatory Specialist

Letter Number: 412A00027591

Articles of Amendment
to
Articles of Incorporation
of

SAVITA INC.

(Name of Corporation as currently filed with the Florida Dept. of State)

P03000017821

(Document Number of Corporation (if known))

FILED
13 JAN -4 PM 4:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of section 607.1006, Florida Statutes, this *Florida Profit Corporation* adopts the following amendment(s) to its Articles of Incorporation:

A. If amending name, enter the new name of the corporation:

The new name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or "Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A."

B. Enter new principal office address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

C. Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered agent and/or the new registered office address:

Name of New Registered Agent _____

(Florida street address)

New Registered Office Address: _____, Florida _____
(City) (Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

Signature of New Registered Agent, if changing

(Attach *additional sheets, if necessary*). (Be specific)

[illegible]

(if not applicable, indicate N/A)

[illegible]

The date of each amendment(s) adoption: 09/01/2012

Effective date if applicable: _____
(no more than 90 days after amendment file date)

Adoption of Amendment(s) (CHECK ONE)

- ☒ The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.
- ☐ The amendment(s) was/were approved by the shareholders through voting groups. *The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):*

"The number of votes cast for the amendment(s) was/were sufficient for approval

by _____."
(voting group)

- ☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.
- ☐ The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.

Dated 09/17/2012

Signature Atmaram K. Patel
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

ATMARAM K. PATEL
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)