

PD4000098228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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800240901538

11/05/12--01024--001 **10.00

10/22/12--01007--003 **25.00

12 NOV - 2 AM 11:13

Amend
10/11/5/12

COVER LETTER

TO: Amendment Section
Division of Corporations

NAME OF CORPORATION: LAMBODAR KEYVI INC.

DOCUMENT NUMBER: P04000098228

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

Please return all correspondence concerning this matter to the following:

Vipul PATEL
Name of Contact Person

LAMBODAR KEYVI INC.
Firm/ Company

1542 NE 23rd AVE.
Address

GAINESVILLE, FL. 32609
City/ State and Zip Code

OM420@Hotmail.com.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VIPUL PATEL at (352) 336-0260
Name of Contact Person Area Code & Daytime Telephone Number

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

- | | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> \$35 Filing Fee | <input type="checkbox"/> \$43.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$43.75 Filing Fee &
Certified Copy
(Additional copy is
enclosed) | <input type="checkbox"/> \$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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 24, 2012

VIPUL PATEL
LAMBODAR KEYUL, INC.
1542 NE 23RD AVE
GAINESVILLE, FL 32609

SUBJECT: LAMBODAR KEYUL, INC.
Ref. Number: P04000098228

We have received your document for LAMBODAR KEYUL, 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 application/form submitted does not meet the requirements of this office; please complete the attached application/form.

The fee to file your document is \$35.

There is a balance due of \$10.00.

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) 245-6050.

Irene Albritton
Regulatory Specialist II

Letter Number: 212A00026162

RECEIVED

12 NOV -2 AM 3:00

REG. OF CORP. FLORIDA
TALLAHASSEE, FLORIDA

12 NOV -2 AM 11:13

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

(Document Number of Corporation (if known))

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

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

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

☒ Change PT John Doe

☐ Remove V Mike Jones

☐ Add SV Sally Smith

Type of Action
(Check One)

Title

Name

Address

1) <input type="checkbox"/> Change	<u>PTD</u>	<u>RANJAN PATEL</u>	<u>1542 NE 23rd AVE.</u>
<input type="checkbox"/> Add			<u>GAINESVILLE, FL. 32609</u>
<input checked="" type="checkbox"/> Remove			
2) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
3) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
4) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
5) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			
6) <input type="checkbox"/> Change			
<input type="checkbox"/> Add			
<input type="checkbox"/> Remove			

E. If amending or adding additional Articles, enter change(s) here:

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

THE UNIVERSITY OF CHICAGO

PHYSICS DEPARTMENT

PHYS 440

PROFESSOR J. BOHREMAN

LECTURE 1

1.1. THE CLASSICAL LIMIT

1.2. QUANTUM MECHANICS

1.3. THE SCHRÖDINGER EQUATION

1.4. THE HEISENBERG PICTURE

1.5. THE DIRAC EQUATION

1.6. THE PAULI EXCLUSION PRINCIPLE

1.7. THE FERMI-DIRAC DISTRIBUTION

1.8. THE BOLTZMANN DISTRIBUTION

1.9. THE CLASSICAL LIMIT

1.10. SUMMARY

1.11. REFERENCES

1.12. PROBLEMS

1.13. APPENDIX A

1.14. APPENDIX B

1.15. APPENDIX C

1.16. APPENDIX D

1.17. APPENDIX E

1.18. APPENDIX F

1.19. APPENDIX G

1.20. APPENDIX H

1.21. APPENDIX I

1.22. APPENDIX J

1.23. APPENDIX K

1.24. APPENDIX L

1.25. APPENDIX M

1.26. APPENDIX N

1.27. APPENDIX O

1.28. APPENDIX P

1.29. APPENDIX Q

1.30. APPENDIX R

1.31. APPENDIX S

1.32. APPENDIX T

1.33. APPENDIX U

1.34. APPENDIX V

1.35. APPENDIX W

1.36. APPENDIX X

1.37. APPENDIX Y

1.38. APPENDIX Z

1.39. APPENDIX AA

1.40. APPENDIX AB

1.41. APPENDIX AC

1.42. APPENDIX AD

1.43. APPENDIX AE

1.44. APPENDIX AF

1.45. APPENDIX AG

1.46. APPENDIX AH

1.47. APPENDIX AI

1.48. APPENDIX AJ

1.49. APPENDIX AK

1.50. APPENDIX AL

1.51. APPENDIX AM

1.52. APPENDIX AN

1.53. APPENDIX AO

1.54. APPENDIX AP

1.55. APPENDIX AQ

1.56. APPENDIX AR

1.57. APPENDIX AS

1.58. APPENDIX AT

1.59. APPENDIX AU

1.60. APPENDIX AV

1.61. APPENDIX AW

1.62. APPENDIX AX

1.63. APPENDIX AY

1.64. APPENDIX AZ

1.65. APPENDIX BA

1.66. APPENDIX BB

1.67. APPENDIX BC

1.68. APPENDIX BD

1.69. APPENDIX BE

1.70. APPENDIX BF

1.71. APPENDIX BG

1.72. APPENDIX BH

1.73. APPENDIX BI

1.74. APPENDIX BJ

1.75. APPENDIX BK

1.76. APPENDIX BL

1.77. APPENDIX BM

1.78. APPENDIX BN

1.79. APPENDIX BO

1.80. APPENDIX BP

1.81. APPENDIX BQ

1.82. APPENDIX BR

1.83. APPENDIX BS

1.84. APPENDIX BT

1.85. APPENDIX BU

1.86. APPENDIX BV

1.87. APPENDIX BW

1.88. APPENDIX BX

1.89. APPENDIX BY

1.90. APPENDIX BZ

1.91. APPENDIX CA

1.92. APPENDIX CB

1.93. APPENDIX CC

1.94. APPENDIX CD

1.95. APPENDIX CE

1.96. APPENDIX CF

1.97. APPENDIX CG

1.98. APPENDIX CH

1.99. APPENDIX CI

1.100. APPENDIX CJ

1.101. APPENDIX CK

1.102. APPENDIX CL

1.103. APPENDIX CM

1.104. APPENDIX CN

1.105. APPENDIX CO

1.106. APPENDIX CP

1.107. APPENDIX CQ

1.108. APPENDIX CR

1.109. APPENDIX CS

1.110. APPENDIX CT

1.111. APPENDIX CU

1.112. APPENDIX CV

1.113. APPENDIX CW

1.114. APPENDIX CX

1.115. APPENDIX CY

1.116. APPENDIX CZ

1.117. APPENDIX DA

1.118. APPENDIX DB

1.119. APPENDIX DC

1.120. APPENDIX DD

1.121. APPENDIX DE

1.122. APPENDIX DF

1.123. APPENDIX DG

1.124. APPENDIX DH

1.125. APPENDIX DI

1.126. APPENDIX DJ

1.127. APPENDIX DK

1.128. APPENDIX DL

1.129. APPENDIX DM

1.130. APPENDIX DN

1.131. APPENDIX DO

1.132. APPENDIX DP

1.133. APPENDIX DQ

1.134. APPENDIX DR

1.135. APPENDIX DS

1.136. APPENDIX DT

1.137. APPENDIX DU

1.138. APPENDIX DV

1.139. APPENDIX DW

1.140. APPENDIX DX

1.141. APPENDIX DY

1.142. APPENDIX DZ

1.143. APPENDIX EA

1.144. APPENDIX EB

1.145. APPENDIX EC

1.146. APPENDIX ED

1.147. APPENDIX EE

1.148. APPENDIX EF

1.149. APPENDIX EG

1.150. APPENDIX EH

1.151. APPENDIX EI

1.152. APPENDIX EJ

1.153. APPENDIX EK

1.154. APPENDIX EL

1.155. APPENDIX EM

1.156. APPENDIX EN

1.157. APPENDIX EO

1.158. APPENDIX EP

1.159. APPENDIX EQ

1.160. APPENDIX ER

1.161. APPENDIX ES

1.162. APPENDIX ET

1.163. APPENDIX EU

1.164. APPENDIX EV

1.165. APPENDIX EW

1.166. APPENDIX EX

1.167. APPENDIX EY

1.168. APPENDIX EZ

1.169. APPENDIX FA

1.170. APPENDIX FB

1.171. APPENDIX FC

1.172. APPENDIX FD

1.173. APPENDIX FE

1.174. APPENDIX FF

1.175. APPENDIX FG

1.176. APPENDIX FH

1.177. APPENDIX FI

1.178. APPENDIX FJ

1.179. APPENDIX FK

1.180. APPENDIX FL

1.181. APPENDIX FM

1.182. APPENDIX FN

1.183. APPENDIX FO

1.184. APPENDIX FP

1.185. APPENDIX FQ

1.186. APPENDIX FR

1.187. APPENDIX FS

1.188. APPENDIX FT

1.189. APPENDIX FU

1.190. APPENDIX FV

1.191. APPENDIX FW

1.192. APPENDIX FX

1.193. APPENDIX FY

1.194. APPENDIX FZ

1.195. APPENDIX GA

1.196. APPENDIX GB

1.197. APPENDIX GC

1.198. APPENDIX GD

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1.201. APPENDIX GG

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1.206. APPENDIX GL

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1.210. APPENDIX GP

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1.212. APPENDIX GR

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1.214. APPENDIX GT

1.215. APPENDIX GU

1.216. APPENDIX GV

1.217. APPENDIX GW

1.218. APPENDIX GX

1.219. APPENDIX GY

1.220. APPENDIX GZ

1.221. APPENDIX HA

1.222. APPENDIX HB

1.223. APPENDIX HC

1.224. APPENDIX HD

1.225. APPENDIX HE

1.226. APPENDIX HF

1.227. APPENDIX HG

1.228. APPENDIX HH

1.229. APPENDIX HI

1.230. APPENDIX HJ

1.231. APPENDIX HK

1.232. APPENDIX HL

1.233. APPENDIX HM

1.234. APPENDIX HN

1.235. APPENDIX HO

1.236. APPENDIX HP

1.237. APPENDIX HQ

1.238. APPENDIX HR

1.239. APPENDIX HS

1.240. APPENDIX HT

1.241. APPENDIX HU

1.242. APPENDIX HV

1.243. APPENDIX HW

1.244. APPENDIX HX

1.245. APPENDIX HY

1.246. APPENDIX HZ

1.247. APPENDIX IA

1.248. APPENDIX IB

1.249. APPENDIX IC

1.250. APPENDIX ID

1.251. APPENDIX IE

1.252. APPENDIX IF

1.253. APPENDIX IG

1.254. APPENDIX IH

1.255. APPENDIX II

1.256. APPENDIX IJ

1.257. APPENDIX IK

1.258. APPENDIX IL

1.259. APPENDIX IM

1.260. APPENDIX IN

1.261. APPENDIX IO

1.262. APPENDIX IP

1.263. APPENDIX IQ

1.264. APPENDIX IR

1.265. APPENDIX IS

1.266. APPENDIX IT

1.267. APPENDIX IU

1.268. APPENDIX IV

1.269. APPENDIX IW

1.270. APPENDIX IX

1.271. APPENDIX IY

1.272. APPENDIX IZ

1.273. APPENDIX JA

1.274. APPENDIX JB

F. If an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:

(if not applicable, indicate N/A)

100

The date of each amendment(s) adoption: Oct 4, 2007

Effective date if applicable: Oct 15, 2012
(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 Oct 29, 2012

Signature Vipul 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)

VIPUL PATEL
(Typed or printed name of person signing)

PRESIDENT
(Title of person signing)