L01000020709

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
		. 40
(Cit	y/State/Zip/Phone	₹ <i>#</i>)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		;
DBA + NOT E	Avail	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

October 12, 2016

M.S. PATEL & COMPANY USA, LLC PREYESHBHAI T. PATEL 5703 RED BUG LAKE RD. WINTER SPRINGS, FL 32708

SUBJECT: M.S. PATEL & COMPANY USA, LLC

Ref. Number: L01000020709

We have received your document for M.S. PATEL & COMPANY USA, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P94000086773 "REBEL USA, INC.".

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) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 316A00021967

COVER LETTER

CT:	Name of Limi	ited Liability Company	
losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
eturn all correspo	ondence concerning this matter	to the following:	
	PREYESHBHAI T. PATE	ïL	2011 CT 17 PH 3: US
		Name of Person	500
	M.S.PATEL & COMPAN	Y USA, LLC.	7 P
		Firm/Company	بن کی کی
	5703 Red Bug Lake Road	# 167	100 mg
		Address	<i>Y</i>
	Winter Springs, FL 32708		
		City/State and Zip Code	
	SWANBRAND@GMAIL.		(mation)
		to be used for future annual report notifi	cation)
her information of	concerning this matter, please ca	all:	
ESHBHAI T. PA'	TEL	407 733-7055 at ()	
Name o	of Person		Telephone Number
ed is a check for t	he following amount:		
5.00 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:

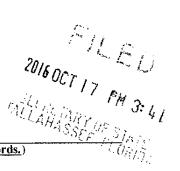
Registration Section

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



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



M.S.PATEL & COMPANY USA, LLC.

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L Florida document number <u>L01000020709</u>	iability Company were filed on 11	-26-01 and assigned		
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	f the limited liability company h	e <u>re</u> :		
REBELS 2 USA, LLC				
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the c	designation "LLC" or the abbreviation "L.L.C."		
Enter new principal offices address, if applic	able:			
(Principal office address MUST BE A STREE	·			
				
Enter new mailing address, if applicable:				
•	P()V)			
(Mailing address MAY BE A POST OFFICE	<u></u>			
B. If amending the registered agent and	or registered office address of	our records, enter the name of the new		
registered agent and/or the new registered of	2			
Name of New Registered Agent:	PREYESHBHAI T. PATEL	AL VIII		
	5703 Red Bug Lake Road # 256			
New Registered Office Address:	5703 Red Bug Lake Road # 256 Enter Florida street address			
	Winter Springs, FL 32708	32708		
	City	, Florida 32708		
		,		

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records: FILED MGR = Manager 2016 OCT 17 PH 3:41 AMBR = Authorized Member **Address Type of Action** <u>Title</u> Name 1 □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add _□ Remove _□ Change □ Add ☐ Remove ☐ Change ☐ Add ☐ Remove

☐ Change

	2016-0-	
	17	PM .
	enter change(s) here: (Attach additional sheets, if necessary.)	**** 3: 4/ * e : .
		TOPIO
 		
Effective date, if other than the of an effective date is listed, the date must Note: If the date inserted in this blocknown on the Department's effective date on the Department.	specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant does not meet the applicable statutory filing requirements, this date will not be	to 605.0207 (be listed as t
e record specifies a delayed The 90th day after the reco	fective date, but not an effective time, at 12:01 a.m. on the is filed.	earlier of:
	<u>2016</u> .	
OCTOBER 6TH	··	
October 6TH P	YESH. ATGC. Sature of a member or authorized representative of a member	