

205000116276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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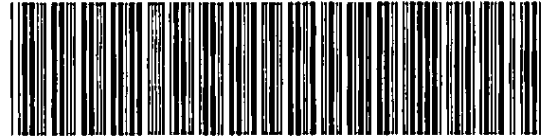
(Business Entity Name)

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TALLAHASSEE, FL

Y. SCOTT  
DEC 13 2021

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BSV OAKRIDGE LLC  
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:

HERMAN SINGH CPA

Name of Person

HERMAN SINGH & ASSOCIATES INC

Firm/Company

600 RINEHART RD SUITE 2008

Address

LAKE MARY, FL 32746

City/State and Zip Code

SHERRY.HSTAXES@GMAIL.COM

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

SECRETARY OF STATE  
TALLAHASSEE, FL

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For further information concerning this matter, please call:

HERMAN SINGH 407 831-1399  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                                        |                                                                        |                                                                                                  |                                                                                                                           |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--------------------------------------------------------|------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------|

**Mailing Address:**

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

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

BSV OAKRIDGE 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 Liability Company were filed on 12/5/2005 and assigned  
Florida document number 105000116276.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2414 W OAKRIDGE RD

ORLANDO, FL 32809

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2414 W OAKRIDGE RD

ORLANDO, FL 32809

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

NILAY SONI

New Registered Office Address:

2414 W OAKRIDGE RD

*Enter Florida street address*

ORLANDO

*City*

Florida 32809

*Zip Code*

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:

MGR = Manager  
AMBR = Authorized Member

| Title | Name            | Address                | Type of Action                             |
|-------|-----------------|------------------------|--------------------------------------------|
| AMBR  | INDRAVADAN SHAH | 770 JOHN ANDERSON DR   | <input type="checkbox"/> Add               |
|       |                 | ORMOND BEACH, FL 32176 | <input checked="" type="checkbox"/> Remove |
|       |                 |                        | <input type="checkbox"/> Change            |
| AMBR  | NILAY SONI      | 2414 W OAKRIDGE RD     | <input checked="" type="checkbox"/> Add    |
|       |                 | ORLANDO, FL 32809      | <input type="checkbox"/> Remove            |
|       |                 |                        | <input type="checkbox"/> Change            |
| AMBR  | HUMAYUN NAYAB   | 2414 W OAKRIDGE RD     | <input checked="" type="checkbox"/> Add    |
|       |                 | ORLANDO, FL 32809      | <input type="checkbox"/> Remove            |
|       |                 |                        | <input type="checkbox"/> Change            |
|       |                 |                        | <input type="checkbox"/> Add               |
|       |                 |                        | <input type="checkbox"/> Remove            |
|       |                 |                        | <input type="checkbox"/> Change            |
|       |                 |                        | <input type="checkbox"/> Add               |
|       |                 |                        | <input type="checkbox"/> Remove            |
|       |                 |                        | <input type="checkbox"/> Change            |

SECRET  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED  
DATE 02/11/2010 BY 60322  
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CLARK COUNTY, ARIZONA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOVEMBER 19, 2021

McGarr

Signature of a member or authorized representative of a member

NILAY SONI

Typed or printed name of signee