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(Re	questor's Name)	,
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PICK-UP	City/State/Zip/Phone #) WAIT MAIL Business Entity Name)	
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

то:	Registration Se Division of Cor	ction porations		
CHDIE	691 West T	ennessee, LLC		
SUBJE	C1:		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Hetal Desai McGuire		
			Name of Person	<u> </u>
		Sniffen & Spellman, P.A.		
			Firm/Company	
		123 North Monroe Street		
			Address	
		Tallahassee, Florida 32301	ı	
			City/State and Zip Code	
4		hdesai@sniffenlaw.com		·
		E-mail address: (to be used for future annual report notifi-	cation)
For furt	her information co	oncerning this matter, please ca	all:	
Hetal D	esai McGuire		850 205-1996 at ()	
	Name of	Person	Area Code Daytime	Telephone Number .
Enclose	d is a check for th	e 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

691 West Tennessee, LLC						
(Name of the Lin	ited Liability Compa (A Florida Limited	any as it now appears on our records.) Liability Company)				
The Articles of Organization for this Limited	Liability Company	were filed on October 31, 2005	and assigned			
Florida document number L06000041568	<u>.</u> .					
This amendment is submitted to amend the fo	lowing:		•			
A. If amending name, enter the new name	of the limited liab	pility company here:				
The new name must be distinguishable and contain the	words "Limited Liabi	ility Company." the designation "LLC" or th	e abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		522 Silver Slipper Lane				
(Principal office address MUST BE A STRE	Tallahassee, FL 32303	assee, FL 32303				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		522 Silver Slipper Lane Tallahassee, FL 32303				
		18/18/18/18/19				
B. If amending the registered agent and registered agent and/or the new registered of						
Name of New Registered Agent:	Sniffen & Spel	Ilman, P.A. Attn: Hetal Desai McGuire	7			
New Registered Office Address:	123 North Mor	Enter Florida street address	<u> </u>			
	Tallahassee	, Florida	32301			
	_	City	Zin Coda			

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.

It Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	Maganbhai V. Patel	691 W. Tennessee St.	Add
		Tallahassee, FL 32304	■ Remove
			Change
MGR	Jayantilal Patel	691 W. Tennessee St.	⊟ Add
		Tallahassee, FL 32304	☐ Remove
			Change
AMBR	Nirmalaben J. Patel	691 W. Tennessee St.	
		Tallahassee, FL 32304	_ Remove
			Change
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Filing Fee: \$25.00