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(Re	equestor's Name)	
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## **COVER LETTER**

то:	Registration So Division of Co			
SUBJEC	Saivishnu,	L.I.C		
30 <b>105</b> E		Name of Lin	nited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
		Prashant Patel		
		-	Name of Person	
			Firm/Company	
		8980 S. US Hwy 1, #100		
			Address	
		Port St. Lucie, Florida 349	252	
		109ppatel@gmail.com	City/State and Zip Code	
		E-mail address: (	to be used for future annual report noti	fication)
For furth	er information c	concerning this matter, please c	all:	
Prashant	Patel		772 631-0181	
	Name o	d Person	Area Code Daytim	e Telephone Number
Enclosed	is a check for th	he following amount:		
<b>≅</b> \$25.0	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 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

Saivishnu,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  $\frac{5/30/2007}{1}$ \_\_\_\_\_ and assigned Florida document number L07000056940 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 "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: Enter Florida street address \_. Florida \_\_

## 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.

City

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Prashant Patel	P.O. Box 1578, Palm City, Florida 34990	<b>=</b> Add
			□Remove
			□Change
		<del> </del>	□Add
			□Remove
			□Change
			□ Add
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(If an eff Note:	ive date, if other than the date of filing:
the recor	d 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 ed.
Dated	September 21 2020.  Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Jaimini Patel
	Typed or printed name of signee

Filing Fee: \$25.00