## LO8000038808

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
789, <b>1</b> 980, 672

Office Use Only



200390425912

07/05/22--01015--002 \*\*25.00

TANKE OF COMPORATION

22 NOV 21 PH.12: 46

## **COVER LETTER**

TO: Registration Se Division of Cor							
SUBJECT:	DHRUV	'AL LL	_ C				
30000CT	Name of Lim	ited Liability Company					
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.					
Please return all correspo	ndence concerning this matter	to the following:					
	TA	Name of Person	EL				
	Dhr	Firm/Company		22 22			
		Torch Pine Address		17 12: 46 CONF. CARE OF CONF. CARE OF CONF. CARE OF CA			
	Spring	Texas	77381	PH 12: 40			
	SHANTIL E-mail address: (	City/State and Zip Code  AL 746 @ 9 m.  to be used for future annual report notif	ail. Com	on ÷			
For further information c	oncerning this matter, please c	all:					
JAYA	PATEL	at (936) 521	4-678D				
Name o	rerson	Area Code Daytime	e Telephone Number				
Enclosed is a check for the	ne following amount:						
S25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing I Certificate of Certified Cop (additional copy	Status & Y			
<u>Mailing Addres</u> Registration S	Section	Street Address: Registration Sec					
Division of C P.O. Box 632	<del>-</del>		Division of Corporations				
Tallahassee, l		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					

Tallahassee, FL 32303



## FLORIDA DEPARTMENT OF STATE Division of Corporations

October 3, 2022

JAYA PATEL 2 E TORCH PINE CIRCLE SPRING, TX 77381

SUBJECT: DHRUVAL LLC Ref. Number: L08000038808

We have received your document for DHRUVAL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Michael A Hall OPS Clerk

Letter Number: 722A00022024

mode requested Change | Corrections to the form: Please let me know if anything for 124 is needed. 936-524-6780 or TRAINER. HINA@gmail. Com. Mank you!

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DHRUVAL	LLC	
(Name of the Limited Liability Company as (A Florida Limited Liabil	it now appears on our records.) ity Company)	<del></del>
The Articles of Organization for this Limited Liability Company were Florida document numberLDS_D0038808	e filed on $4-17-200$	$\stackrel{\mathcal{S}}{\mathscr{E}}$ and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	company here: N/K	
The new name must be distinguishable and contain the words "Limited Liability C	0	eviation "L.L.C."
Enter new principal offices address, if applicable:	2 E Torch	Pine Livele
(Principal office address MUST BE A STREET ADDRESS)	Spring, Texas	27.38/
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2 E Torch P. Spring, Texas	re Circle 77381
B. If amending the registered agent and/or registered office addragent and/or the new registered office address here:	ress on our records, enter the name	of the new registered
Name of New Registered Agent: N)	A	)
New Registered Office Address:		R Medi
	Enter Florida street address	<b>2</b> 43 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	. Florida	7 9
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per- accept the obligations of my position as registered agent as prov	formance of my duties, and I am fa	miliar with and

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 Type of Action Name ST HINA PATEL 2 E Torch Pine Circle Kndul
MGIR

Spring, Tx 77381 | Remove AMBR DIPANKUMAR PATEL 2 E Torch Pine Circle Stade \_ 🗆 Change □Remove □ Change ☐ Change \_\_\_\_\_ □Add

\_\_\_\_ Change

- Only	add	ing o	rnother	2 ar	calorize	d 1	nesus	recs
No	offer	r cho	mother	<u></u>	LC.			
				·				
					.,	·		
			_					·
J <del>.</del>							<del></del>	
<del></del>			<u>.</u>	<del></del> -				
						<u>-</u>	22 MOV	<u>₹</u> ,
								-   
	<del></del>				<del></del>	<u> </u>		<u>8</u> 1.
							<u> </u>	<u> </u>
				<del></del>			47	<u> </u>
ective date, if ot effective date is list	ed, the date m	ust be specific a	nd cannot be prio	r to date of filing	g or more than 9	<b>eption</b> (option) days after fil	ing.) Pursuant	to 605.02
te: If the date insecument's effective					filing require	ments, this d	ate will not	be listed
cord specifies a do	elayed effecti	ive date, but n	ot an effective (	ime, at 12:01	a.m. on the ea	rlier of: (b)	The 90th da	y after th
ted <u>Ju</u>	14	01	202	2				
		J444	S Sa a member or auth	fel		<b>.</b>		_
		Signature of	a member or auti	iorizea represer	itative of a mem	oei		