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| (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: | | |
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COVER LETTER

| TO: | Registration Se Division of Cor | | |
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| SIIRIE | DILVI LLO | | |
| SOBJE | | Name of Limited Liability Company | |
| The end | Name of Limited Liability Company enclosed Articles of Amendment and fee(s) are submitted for filing. ase return all correspondence concerning this matter to the following: DHRUV PATEL Name of Person PATEL & PATEL ACCOUNTING Firm/Company 4223 SW. 33RD ST Address OCALA, FL 34474 City/State and Zip Code PATELNPATEL@OUTLOOK.COM E-mail address: (to be used for future annual report notification) further information concerning this matter, please call: RUV PATEL 352 399-4388 | | |
| Please | return all correspo | Name of Limited Liability Company eles of Amendment and fee(s) are submitted for filing. prespondence concerning this matter to the following: DHRUV PATEL Name of Person PATEL & PATEL ACCOUNTING Firm/Company 4223 SW. 33RD ST Address OCALA, FL 34474 City/State and Zip Code PATELNPATEL@OUTLOOK.COM E-mail address: (to be used for future annual report notification) attion concerning this matter, please call: 352 399-4388 | |
| | | DHRUV PATEL | |
| | | Name of Person | |
| | | PATEL & PATEL ACCOUNTING | |
| | | Firm/Company | |
| | | 4223 SW. 33RD ST | |
| | | Address | |
| | | OCALA, FL 34474 | |
| | | City/State and Zip Code | |
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| | | E-mail address: (to be used for future annual report notification) | |
| For furt | her information co | oncerning this matter, please call: | |
| DHRU | V PATEL | 352 399-4388 | |
| | Name of | f Person Area Code Daytime Telephone Number | |
| Enclose | ed is a check for th | ne following amount: | |
| □ \$25 | .00 Filing Fee | ■ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

| (Name of the Limited Liab (A Flor | pility Company as it now appears on our records.) ida Limited Liability Company) | |
|---|--|------------------------------|
| The Articles of Organization for this Limited Liability | Company were filed on | and assigned |
| Florida document number | <u></u> . | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, <u>enter the new name of the li</u> | mited liability company here: | |
| The new name must be distinguishable and contain the words "L | imited Liability Company," the designation "LLC" o | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADd | DRESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or re | gistered office address on our records, | enter the name of the na |
| registered agent and/or the new registered office a | ddress here: | 5 CA |
| | | SE E |
| Name of New Registered Agent: | | S 5 |
| New Registered Office Address: | Enter Florida street address | |
| | | 7: 04 DRIE |
| | , Flori | ida Zin 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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|------------------------|----------------|
| MGRM | KIRANBHAI PATEL | 1795 EAST JEFFERSON ST | Add |
| | | BROOKSVILLE, FL 34601 | ■ Remove |
| | | | □ Change |
| MGRM | INDIRA K. PATEL | 1795 EAST JEFFERSON ST | |
| | | BROOKSVILLE, FL 34601 | ■ Remove |
| | | | Change |
| MGR | MEHA PATEL | 1795 E JEFFERSON ST | ■ Add |
| | | BROOKSVILLE, FL 34601 | ☐ Remove |
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Filing Fee: \$25.00