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SECRETARY OF STATE
TALLAHASSEE, FLORID.

D. BRUCE
MAY 1 4 2012

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJECT: A PATEL			PROJECT LLC		
50.501		Name of Lim	ited Liability Company		
The en	closed Articles o	of Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	oondence concerning this matter	r to the following:		
		,	Jenni Patel		
			Name of Person		
A		PATEL PROJECT LLC Firm/Company			
			Time Company		
6608		8 S Goldenrod Rd Unit B			
			Address		No et
			Orlando, FL 32822		H 12 HAY SEGREI ALLAHL
			City/State and Zip Code		HAS
		E-mail address: (atelproject@gmail.com to be used for future annual report i	notification)	RY OF
For fur	ther information	concerning this matter, please of	eall:		To co C
		Sam Patel	at (_407_)	970.0240	TATE ORIDA
	Name	of Person	Area Code & Day	ytime Telephone Number	r
Enclos	ed is a check for	the following amount:			
\$25	i.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	osed) Certified	ite of Status &
	Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COI Registration Se Division of Co Clifton Buildin 2661 Executive Tallahassee, FI	rporations ig e Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

A PATI	EL PROJECT LLC		
(Name of the Limited Liabilit (A Florida	y Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on	02/06/2012	and assigned
Florida document number L12000017095	<u>_</u> .		
This amendment is submitted to amend the following:	ı		
A. If amending name, enter the new name of the lim	nited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD)	RESS)		SEC. 7
			Am E TI
			ARY SSE
Enter new mailing address, if applicable:			me y m
(Mailing address MAY BE A POST OFFICE BOX)			Fo w
			PAI PO
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Er	nter Florida street add	dress
		, Florida	
•	City		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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member <u>Title</u> <u>Name</u> Address . **Type of Action** MGRM Shital Patel 6608 S Goldenrod Rd ✓ Add Remove Unit B... Orlando, FL 32822 Remove ☐ Add Remove ☐ Add Remove □Add Remove \prod Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 7 2012 Dated _____ Signature of amember or authorized representative of a member Jenni Patel Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00