NH000073015

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(Address)	
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(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	
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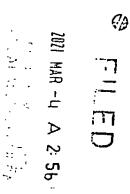
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COVER LETTER

ection rporations			
'S LLC			
Name of Lim	ited Liability Company		
Amendment and fee(s) are sub	mitted for filing.		
ondence concerning this matter	to the following:		
SWAPNIL SHAH			
	Name of Person		
	Firm/Company		
2110 NW 95 AAVE	. ,		
	Address	 	
DORAL. FL 33172			
	City/State and Zip Code		
sjs@mahudi.com			
E-mail address: (to be used for future annual report notil	fication)	
concerning this matter, please c	all:		
	305 592=2712		
of Person	Area Code Daytime	e Telephone Number	Q)
		2021 1	- '.'
the following amount:		ÄAR	<u> </u>
☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	-
ss:	Street Address:		
	-		
	Name of Lim Name of Lim Amendment and fee(s) are subsondence concerning this matter SWAPNIL SHAH 2110 NW 95 AAVE DORAL. FL 33172 sjs@mahudi.com E-mail address: (concerning this matter, please concerning this matter, please concerning this matter, please concerning this matter following amount: \$30.00 Filing Fee & Certificate of Status	Name of Limited Liability Company Famendment and fee(s) are submitted for filing. Condence concerning this matter to the following: SWAPNIL SHAH Name of Person Firm/Company 2110 NW 95 AAVE Address DORAL. FL 33172 City/State and Zip Code sjs@mahudi.com E-mail address: (to be used for future annual report notice concerning this matter, please call: at (SLLC Name of Limited Liability Company Famendment and fee(s) are submitted for filing. ondence concerning this matter to the following: SWAPNIL SHAH Name of Person Firm/Company 2110 NW 95 AAVE Address DORAL. FL 33172 City/State and Zip Code Sjs@mahudi.com E-mail address: (to be used for future annual report notification) concerning this matter, please call: at (

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

NEW DOTS LLC			
(Name of the Limited Liability (A Florida L	Company as it now appears on our records.) imited Liability Company)		
The Articles of Organization for this Limited Liability Con	mpany were filed on May 6, 2014	and assi	igned
Florida document number L14000073018	-		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	d liability company here:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the designation "LLC" or t	the abbreviation "L.I	L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRE	<u>ss</u>		
			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		·	P
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	office address on our records, enter the		register
agent and/or the new registered office auditess here.		MAR.	
Name of Name Day's and Amount		· · ·	i
Name of New Registered Agent:		>	
New Registered Office Address:			
	Enter Florida street address	<u>5</u>	
	, Florid		
	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 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

end.	Name	Address	Type of Action
Title AMBR	BHAVANA SHAH TRUST	2110 NW 95 Ave., Doral, FL 33172	N Add
	F/B/O SWAPNIL SHAH		☐ Remove
			☐ Change
AMBR	- BHAVANA SHAH TRUST	2110 NW 95 Ave., Doral, FL 33172	X Add
	F/B/O SHAIL SHAH		Remove
			☐ Change
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e: If the date inserted in this block does not meet the applicable ument's effective date on the Department of State's records.	statutory filing r	equirements, this da	te will no	ot be listed
mont o directive date of the Department of State 8 records.				
ord specifies a delayed effective date, but not an effective time,	at 12:01 a.m. on	the earlier of: (b)	The 90th	dav after ti
filed.				,
ed March 3rd, 2021	Λ			
		a member		

Filing Fee: \$25.00