## 1/4000101792

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2018 AUG 17 PM 1:16 SECRETARY OF STATE

R. WHITE AUG 24 2018

## **COVER LETTER**

Division of Cor	rporations N SUBWAY LLC		
SUBJECT:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	DHRUV PATEL		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	PATEL & PATEL ACCO	UNTING INC	
	-	Firm/Company	
	4223 SW. 33RD ST		
		Address	<del></del>
	OCALA, FL 34474		
	PATELNPATEL@OUTLO	City/State and Zip Code DOK.COM	
	E-mail address: (	to be used for future annual report notifi	cation)
For further information of	concerning this matter, please ea	all:	
DHRUV PATEL		352 301- <b>7</b> 989	
Name o	of Person		Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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)
MAII	INC ADDRESS	STREET/COURT	FR ANNRESS

MAILING ADDRESS:

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2018 AUG 17 PM 1: 16 (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{06/25/20}{14}$ and assigned Florida document number L14000101792 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 "LLC." 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

## 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.

Citv

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>	<u>Address</u>	Type of Action
MGR	SAHAJAJAND INVESTMENT & SERVICES INC	4908 SW 55TH PL	
		OCALA, FL 34474	D //dd
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			Remove
			Change
			□ Remove
			☐ Change
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ective date, if other than the da effective date is listed, the date must be te: If the date inserted in this block	specific and cannot be price does not meet the appli	or to date of filing or more cable statutory filing re	(optional) than 90 days after filing.) Pursua quirements, this date will no	nt to 605,0207 t be listed as
ument's effective date on the Depa	rtment of State's record	S.		
record specifies a delayed e he 90th day after the record		ot an effective tim	e, at 12:01 a.m. on the	earlier of
AUGUST 14	2018			
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	nature of a member or aut	horized representative of		

Page 3 of 3

Filing Fee: \$25.00