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SECRUTARY OF STATE
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то:	Registration Se Division of Cor						
CHD IE/	Patel Coast	al Properties, LLC					
SUBJEC	~I;	Name of Lim	ited Liability Company				
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please re	eturn all correspo	ndence concerning this matter	to the following:				
		Shivon Patel, Esq.					
			Name of Person				
		The Principal Law Firm, I	LL.				
			Firm/Company				
	4907 International Parkway, Suite 1061						
			Address				
Sanford, Florida 32771							
		City/State and Zip Code					
		shivon@principallaw.net E-mail address: (to be used for future annual report notif	ication)			
For furth	er information c	oncerning this matter, please co	all:				
Shivon l	Patel		407 322-3003				
	Name o	f Person	at () Area Code Daytime	Telephone Number			
Enclosed	l is a check for th	ne following amount:					
\$25.0	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)			
	MAIL	ING ADDRESS:	STREET/COURI	ER ADDRESS:			

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

Patel Coastal Properties, LLC			
(Name of the Limi	ited Liability Compa (A Florida Limited	iny as it now appears on our records.) Liability Company)	.
The Articles of Organization for this Limited L Florida document number <u>L14000134149</u>	Liability Company	were filed on 08/26/2014	and assigned
This amendment is submitted to amend the following	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liah	ility company here:	
The new name must be distinguishable and contain the	words "Limited Liabi	lity Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		1211 Elegance Court Orlando, Florida 32828	
Enter new mailing address, if applicable:		1211 Elegance Court	
(Mailing address MAY BE A POST OFFICE	* BOX)	Orlando, Florida 32828	
B. If amending the registered agent and registered agent and/or the new registered o			er the name of the
Name of New Registered Agent:	Rajendra Patel		7 OC
New Registered Office Address:	1211 Elegance	Court Enter Florida street address	I-2 ASSE
	Orlando	, Florida	32828
New Registered Agent's Signature, if changing	Registered Agent:	City	TAPOS ORIO

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 Degistered 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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			☐ Remove
			□ Remove
			Change
			D Add
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	ORIGINAL CONTRACTOR
	5 1.
Effective date, if other than the date of filing:	(optional)
f an effective date is listed, the date must be specific and cannot be prior to date of filing on Note: If the date inserted in this block does not meet the applicable statutory to	r more than 90 days after filing.) Pursuant to 605.0
document's effective date on the Department of State's records.	
ne record specifies a delayed effective date, but not an effective The 90th day after the record is filed.	e time, at 12:01 a.m. on the earlier
Dated September 20 1. 2017	

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Typed or printed name of signee

Filing Fee: \$25.00