## 115000067/14

(Re	equestor's Name)	
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## · COVER LETTER

Division of Cor	rporations	1	•
S P REAL SUBJECT:	TY GROUP, LLC (OLD MA	AME) / SEVARA BOTH	ROVA PATEL, LLC
•	Name of Limi	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:	
	VINNIE ARORA		
		Name of Person	
		Firm/Company	
	6735 CONROY ROAD, S	TE 224	
		Address	· · · · · ·
	ORLANDO, FL 32835		
	<del> </del>	City/State and Zip Code	····-
	INFO@VARORACPA.CO	M to be used for future annual report notifi	action)
	•	·	cation)
For lurther information of	concerning this matter, please ca	ill:	
VINNIE ARORA		407 248-9677 at ()	
Name (	of Person	Area Code Daytime	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)
	JNG ADDRESS:	STREET/COURIE 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

S P REALTY GROUP, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_ Florida document number L1500006714 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SEVARA BOTIROVA PATEL, LLC 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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

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	
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Mective date, if other the an effective date is listed, the lote: If the date inserted in ocument's effective date of	date must be specific as n this block does not	nd cannot be prior to meet the applica	o date of filing or m	ore than 90 days afte	ional) r filing.) Pursuar is date will not	nt to 605.0207 be listed as
e record specifies a c The 90th day after t			an effective t	ime, at 12:01	a.m. on the	earlier of
		2015	·'			
ated MAY 15		7 - 6	2			
ated MAY 15	Signature of	7 greke	rized representative	<del></del>	·	

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