15000090745

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SECRETARY OF STATE

COVER LETTER

TO:

TO: Registration Sec Division of Corp					
JAI MATA	DEE, LLC				
SUBJECT:	Name of Limi	ited Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
	ndence concerning this matter				
	BHARATKUMAR G. PA	ΓEL			
		Name of Person	<u>-</u>		
	JAI MATA DEE, LLC				
		Firm/Company			
	1035 E. 23RD STREET			2022 SEC	
		Address		AUG ORET	7
	ZARY AHA				
		City/State and Zip Code		2022 AUG 23 AM 8: 39 SECRETARY OF STATE TALLAHASSEE, FL	
		to be used for future annual report notifi-	cation)	TATE	
	oncerning this matter, please ca	au:			
BHARATKUMAR G. P.	ATEL	at ()			
Name o	f Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	ne following amount:				
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &	
Mailing Addres Registration S Division of C	Section Corporations	Street Address: Registration Sectorial Division of Corp	orations		
P.O. Box 632 Tallahassee, I		The Centre of Ta 2415 N. Monroe		10	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited L	ny as it now appears on our iability Company)	records.)
the Articles of Organization for this Limited Liability Company value document number 1.15000090745	and assigned	
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation	"LLC" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		-
		PECRETA
nter new mailing address, if applicable:		AR 23
Mailing address MAY BE A POST OFFICE BOX)		OF STATE
	dduuus on our mogands	· m · •
If amending the registered agent and/or registered office a gent and/or the new registered office address here:	adress on our records,	enter the name of the new register
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
		, Florida
	City	Zip Code

New Registered Agent's Signature, if changing Registered Agent:

TALACATA DEC 110

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 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>	Name	<u>Address</u>	Type of Action
AMBR	MITABEN JAYANTILAL PATEL	1600 HWY 280 E. Bypass	= Add
		Phenix City, AL 36867	Remove
			□ Change
AMBR	JAYANTILAL S. PATEL	1600 HWY 280 E. Bypass	□ Add
		Phenix City, AL 36867	≣Remove
			□Change
			DZZ BUG
			ARY □ Removers
			SECRETARY OF STATE
			□Add
			□Remove
			Change
			□Add
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fections	ve date, if other	than the date on the date on the date must be spec	f filing:	be prior to date	of filing or mo	re than 90 days a	otional) fler filing.) Pursua	ant to 605	.020
ote:	If the date inserted	d in this block doc e on the Departme	s not meet the	applicable s	atutory filing	requirements.	this date will no	ot be liste	ed as
, cum	in s circuit dat	e on the Beparim							
		ed effective date,	but not an effe	ctive time, at	12:01 a.m. o	n the earlier of	(b) The 90th	day after	r the
is file	ea.								
ated _	AUGUST	(2022	! 		/,			
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				/1/	epresentative				