

L15000 106171

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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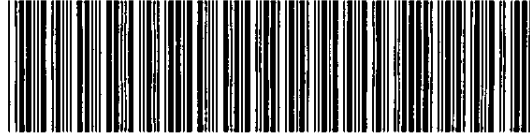
(Business Entity Name)

(Document Number)

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08/28/15--01012--010 **25.00

15 AUG 28 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 31 2015

J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SAI REAL ESTATE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NILESH GANDHI
Name of Person

SAI REAL ESTATE LLC
Firm/Company

3400 POSEIDON WAY
Address

INDIALANTIC, FL 32903
City/State and Zip Code

NILESH_GANDHI @ YAHOO. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NILESH GANDHI at (321) 960 6225
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the 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)

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SAT REAL ESTATE 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 6/18/15 and assigned Florida document number L15000106131.

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 "L.L.C."

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

Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	NILESH GANDHI	3400 POSEIDON WAY	<input type="checkbox"/> Add
		INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NANDITA GANDHI	3400 POSEIDON WAY	<input type="checkbox"/> Add
		INDIALANTIC, FL	<input checked="" type="checkbox"/> Remove
		32903	<input type="checkbox"/> Change
MGRM	NEHA GANDHI	3400 POSEIDON WAY	<input type="checkbox"/> Add
		INDIALANTIC, FL 32903	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	MITUL GANDHI	3400 POSEIDON WAY	<input type="checkbox"/> Add
		INDIALANTIC, FL	<input checked="" type="checkbox"/> Remove
		32903	<input type="checkbox"/> Change
MGRM	SHITAL GANDHI	3400 POSEIDON WAY	<input type="checkbox"/> Add
		INDIALANTIC, FL	<input checked="" type="checkbox"/> Remove
		32903	<input type="checkbox"/> Change
MGR	NEEL GANDHI	3400 POSEIDON WAY	<input type="checkbox"/> Add
		INDIALANTIC, FL	<input type="checkbox"/> Remove
		32903	<input checked="" type="checkbox"/> Change

15 AUG 28 AM 10:52
POLICE DEPT OF SALT
LAKE COUNTY, UTAH

15 AUG 28 AM 10:52
DEPARTMENT OF AGRICULTURE
WASHINGTON FIELD

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Dated AUGUST 19, 2015

Signature of a member or authorized representative of a member

NEVIL GANDHI
Typed or printed name of signee