

U5000131017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

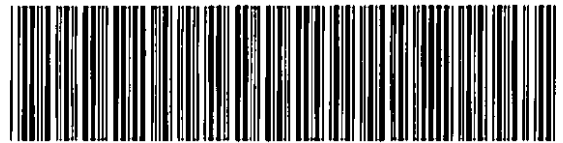
(Business Entity Name)

(Document Number)

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18 AUG 13 PM 1:03  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

AUG 13 2018

S. PRATHER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: BHABYA 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:

AIDAN BEN PATEL  
Name of Person

\_\_\_\_\_  
Firm/Company

1179 14th St  
Address

Bonita FL  
City/State and Zip Code

SPEED-TRAIL 07 @ 402101  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANITA PATEL at (229) 309 7443  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

BITAAYA 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 7/31/15 and assigned

Florida document number 415000131017

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:

AIRABEN PATEL

New Registered Office Address:

1179 NW 74

Enter Florida street address

BONITA FL

City

Florida

32425

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.

x HAI

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>                      |
|--------------|-----------------------|----------------------------|--|
| <u>MGR</u>   | <u>MAHENDRA PATEL</u> | <u>1179 IV HUN 79</u>      | <input type="checkbox"/> Add               |
|              |                       | <u>BONNIE FL</u>           | <input checked="" type="checkbox"/> Remove |
|              |                       |                            | <input type="checkbox"/> Change            |
| <u>ST</u>    | <u>MAHENDRA PATEL</u> | <u>1179 IV HUN 79</u>      | <input type="checkbox"/> Add               |
|              |                       | <u>Bonim M</u>             | <input checked="" type="checkbox"/> Remove |
|              |                       |                            | <input type="checkbox"/> Change            |
| <u>ST</u>    | <u>HIRABEN PATEL</u>  | <u>202 W 5th St</u>        | <input type="checkbox"/> Add               |
|              |                       | <u>DONALSONVIC VA 3785</u> | <input type="checkbox"/> Remove            |
|              |                       |                            | <input type="checkbox"/> Change            |
|              |                       |                            | <input type="checkbox"/> Add               |
|              |                       |                            | <input type="checkbox"/> Remove            |
|              |                       |                            | <input type="checkbox"/> Change            |
|              |                       |                            | <input type="checkbox"/> Add               |
|              |                       |                            | <input type="checkbox"/> Remove            |
|              |                       |                            | <input type="checkbox"/> Change            |
|              |                       |                            | <input type="checkbox"/> Add               |
|              |                       |                            | <input type="checkbox"/> Remove            |
|              |                       |                            | <input type="checkbox"/> Change            |

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

[illegible]

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)

(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)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated 5.13.18

x HAP

Signature of a member or authorized representative of a member

HIRABEN PATIL

Typed or printed name of signee

FILED  
AUG 13 PM 1:11  
U.S. DISTRICT COURT  
SOUTHERD DISTRICT OF NEW YORK