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(Requestor's Name)
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COVER LETTER

Division of Co			
DILVI 2 L	LC		
SUBJECT:	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
	ondence concerning this matter	_	
	DHRUV PATEL		
		Name of Person	
	PATEL & PATEL ACCO	UNTING INC	
		Firm/Company	
	4223 SW 33RD ST		
		Address	20 67
	OCALA, FL 34474		16 JUN 20 FM II: 08
		City/State and Zip Code	
	PATELNPATEL@OUTLO		
		to be used for future annual report no	incation)
For further information of	concerning this matter, please c	all:	
DHRUV PATEL		352 301-7989 at ()	
Name o	of Person		ne 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)
MAIL	ING ADDRESS:	STREET/COUR	IER 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

(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our Liability Company)	records.)
The Articles of Organization for this Limited Liability Company Florida document number L15000166915	were filed on 10/01/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	llity company here:	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	16370 CORTEZ BLVD	
Principal office address MUST BE A STREET ADDRESS)	BROOKSVILLE, FL 34	601
		- PM
Enter new mailing address, if applicable:		ار این استان ا مراکب این استان استا
Mailing address MAY BE A POST OFFICE BOX)		2 2 2
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ecords, enter the name of the n
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>	Address	Type of Action
AP	PATEL, KIRANBHAI	1795 E JEFFERSON ST	Add
		BROKSVILLE, FL 34601	■ Remove
			☐ Change
			Add
			□ Remove
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Affective date, if other than the fan effective date is listed, the date mu Note: If the date inserted in this bedocument's effective date on the I	ist be specific and cann lock does not meet t	he applicable	ate of filing or me statutory filing	ore than 90 days a	otional) fter filing.) Pursu this date will n	ant to 605.020 ot be listed as
e record specifies a delaye The 90th day after the re		, but not a	n effective ti	me, at 12:0	1 a.m. on th	ne earlier o
	20	016				
Dated MAY 23		 •				
Dated MAY 23	10	•				
Dated MAY 23	Signature of a memb	er or authorize	d representative	of a member	,-	

Page 3 of 3

Filing Fee: \$25.00