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COVER LETTER

(C): Registration Section Division of Corporations	<i>₹</i>
SUBJECT: DIVYA SAK	A R LLC red Liability Company
The enclosed Articles of Amendment and fee(s) are subn Please return all correspondence concerning this matter t	
Please return all correspondence concerning the many	•
MINA	PATEL Name of Person
DIVYA_	SAKAR LLC Firm/Company
201 Dunde	O Rd, Address
DUNDEE.	F1. 33838 City/State and Zip Code
PRAYOSHAK E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please c	all:
Vandan Patel Name of Person	at (386) 748 - 8888 Area Code Daytime Telephone Number
•	
Enclosed is a check for the following amount:	□ 070 00 Filing Fee
\$25.00 Filing Fee S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
Tallahassee, FL 32314	Tallahassee, FL 32303

i,.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compa (A Florida Limited L.	ny as it now appears on	our records.)		
(A Florida Limited L	Jaointy Company)	. 1		
The Articles of Organization for this Limited Liability Company	were filed on <u>02</u>	129 2016	and assigned	
Florida document number <u>L 16000 4 1937</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company " the design	nation "LLC" or the abbrev	intion "L.L.C."	
The new name must be distinguishable and contain the words. Entitled Elaboration	ity company, the acargo	~ .	20	
Enter new principal offices address, if applicable:			2	
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>		
		, • •	量型	
Enter new mailing address, if applicable:		· · · · · · · · · · · · · · · · · · ·		
(Mailing address MAY BE A POST OFFICE BOX)			<u>:</u>	
Trialita, and the same of the		***		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our reco	rds, enter the name of	[the new registe	<u>red</u>
Name of New Registered Agent:				•
New Registered Office Address:				-
· · ·	Enter Florida	street address		
	City	, Florida	Zip Code	-
	•			
New Registered Agent's Signature, if changing Registered Agent I hereby accept the appointment as registered agent and agreewisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as being filed to merely reflect a change in the registered office company has been notified in writing of this change.	ree to act in this cap e performance of my provided for in Cha	y aunes, una 1 am jum apter 605, F.S. Or, if t	this document is	

·4j.

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

Title	<u>Name</u>	Address	Type of Action
<u>C00</u>	MINA PATEL	201 Dundee Rd, Dunc	leethadd
	e e e e e e e e e e e e e e e e e e e	Fl. 33838	□Remove
	•		
			□Add
			□Remove
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	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
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Note: If	date, if other than the date of filing:
ord is filed	
Dated	June 12th 2020
	June 12th 2020. Muchatel Signature of a member or authorized representative of a member

Filing Fee: \$25.00