

L16 00000 56507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

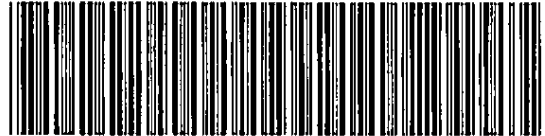
(Business Entity Name)

(Document Number)

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2020 OCT -1 PM 12:57  
CLERK OF STATE  
TALLAHASSEE, FL

Ta 11/9/20

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MAYURI K 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:

Kalpesh Patel

Name of Person

MAYURI K LLC

Firm/Company

1260 Heron Lakes Cir

Address

Mobile AL 36693

City/State and Zip Code

kalpesh1260@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kalpesh Patel

Name of Person

at (606-271)-2218

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 Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

MAYURI K 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 03/21/2016 and assigned Florida document number L16000056507.

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)**

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TALLAHASSEE, FL.

**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>
AMBR	Mayuri Patel	1260 Heron Lakes Cir	<input checked="" type="checkbox"/> Add
		Mobile AL 36693	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shilpaben S Amin	2029 Bourbon St	<input type="checkbox"/> Add
		Foley AL 36535	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Bhavesh Patel	4 New Warrington Rd	<input type="checkbox"/> Add
		Pensacola FL 32507	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Hemang Patel	3661 Airport Blvd, Apt 186	<input checked="" type="checkbox"/> Add
		Mobile AL 36608	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Binta H Patel	4088 Craigend Loop	<input type="checkbox"/> Add
		Gulf Shores AL 36542	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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CLAY COUNTY, FL  
CLERK OF COURT

2020 DEC 17 11:11 AM  
CLERK OF STATE  
TALLAHASSEE, FL

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2020 OCT -1 PM 12:57  
CLERK OF STATE  
TALLAHASSEE, FL

(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)

Kalpesh Patel  
Typed or printed name of signee