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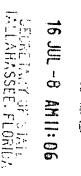
(R	equestor's Name)	-
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nan	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

Division of Corp	orations '	·	
CHDIECT.		TORES LLC	
SUBJECT:		ited Liability Company	
The enclosed Articles of A	amendment and fee(s) are sub	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
		RAJNIKANT PATEL	
		Name of Person	
		Firm/Company	
		896 DELTONA BLVD	
		Address	
		DELTONA, FL 32725	
		City/State and Zip Code	.
	E-mail address: (to be used for future annual report notifi	cation)
For further information co	ncerning this matter, please ca	all:	
RAJNIKANT PATEL		at () Area Code Daytime	Telephone Number
Name of	Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	e 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:

TO:

Registration Section

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

	PARI STORES LLC		
(<u>Name of the Lim</u>	ited Liability Company as it now appears of (A Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited I	Liability Company were filed on 04/21.	/2016 and a	ssigned
Florida document number L16000078569	·		
This amendment is submitted to amend the fol	lowing:		
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 design	gnation "LLC" or the abbreviation "	L.L.C."
Enter new principal offices address, if appli	cable:		
(Principal office address MUST BE A STRE	ET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	E BOX)		-
		<u> </u>	=
		SS:	o o :
B. If amending the registered agent and registered agent and/or the new registered of		ur records, enter the name	of the nev
			∵ `~′
Name of New Registered Agent:	KAMLESHKUMAR D DESAI	<u> </u>	96
New Registered Office Address:	896 DELTONA BLVD	ŕ	
	Enter Florida	street address	
	DELTONA	, Florida 32725	
	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
MBR	KAMLESHKUMAR D DESAI	896 DELTONA BLVD	■ Add
		DELTONA, FL 32725	☐ Remove
			☐ Change
MBR	RAJNIKANT R PATEL	896 DELTONA BLVD	 Ad d
		DELTONA, FL 32725	Remove
			Change
			Add
			Remove
			Add Add Remarks
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			Add
			□ Remove
			☐ Change
			Add
			Remove
	•		Change

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tive date if other than the date of filing:	(ontional)
effective date, if other than the date of filing: If effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90. If the date inserted in this block does not meet the applicable statutory filing requirement's effective date on the Department of State's records.	days after filing.) Pursuant to 605.0 nents, this date will not be listed
ecord specifies a delayed effective date, but not an effective time, at 3 e 90th day after the record is filed.	12:01 a.m. on the earlie
July 4th, 2016	
elit	
Signature of a member or authorized representative of a member	er

Page 3 of 3

Filing Fee: \$25.00