## L16000116598

(Re	equestor's Name)	
(Ad	idress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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FILED 2020 OCT 20 PM 4: 30

## **COVER LETTER**

SUBJECT:	AUM HAVE	EN LLC		
SUBJECT.		Name of Limi	ted Liability Company	· <u>-</u>
The enclosed	l Articles of A	mendment and fee(s) are sub-	nitted for filing.	
Please return	all correspon	dence concerning this matter t	to the following:	
		ANKITKUMAR H PAND	YA	
			Name of Person	
		AUM HAVEN LLC		
			Firm/Company	<del></del> -
		2763 CARMEL CT		
			Address	
		KISSIMMEE FL 34746		
		aumhaven24@gmail.com	City/State and Zip Code	
		E-mail address: ()	o be used for future annual report notific	eation)
For further in	nformation co	ncerning this matter, please ca	di:	
ANKITKUN		DYA/HETAL A PANDYA	941 807-4177 at()	
	Name of	Person	at () Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
□ \$25.00 F	iling Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	■ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)

TO:

Registration Section **Division of Corporations** 

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

AUM HAVEN LLC		
( <u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appears on our records.) a Limited Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 06/16/2016	and assigned
Florida document number £16000116598	<del>_</del> -'	
This amendment is submitted to amend the following:		103
A. If amending name, enter the new name of the lim	ited liability company here:	the abbreviation "L.P.C."
The new name must be distinguishable and contain the words "Lim	ited Liability Company," the designation "LLC" or t	the abbreviation "L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDI	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	d office address on our records, <u>enter the</u>	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florid	11
	, Fioria	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
AMBR	HETAL R PATEL	2763 CARMEL CT	
		KISSIMMEE FL 34746	≣Remove
AMBR	THE ST. S. DANIEN S	27/2/// NAUL CZ	☐ Remover
	HETAL A PANDYA	2763 CARMEL CT	= Add
		KISSIMMEE FL 34746	Remover_
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			🗆 Add
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BY KISSIMMEE CIRCU	T COURT.					
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ective date, if other than t	ne date of fi	ling:			(option	::1)
effective date is listed, the date re: If the date inserted in this	iusi be specific	and cannot be pr	ior to date of hi	ing or more than	90 days after fil	ling.) Pursuant to 605.02
ument's effective date on the	Department o	of State's recor	ds.			
		20				
cord specifies a delayed effect filed.	iive date, but	not an effective	time, at 12:0	II a.m. on the e	arlier of: (b)	The 90th day after the
10/13		2020				
ed	<del>_</del>		·			
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V )	<i>TIVHUMW</i> \	MAR -			_	

Filing Fee: \$25.00