

L16000126345

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

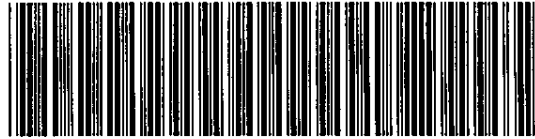
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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JUL 25 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PATWAL ENTERPRISES, 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:

NEIL PATEL
Name of Person

R
Firm/Company

907 SW 88TH ST
Address

GAINESVILLE, FL 32607
City/State and Zip Code

Neil254@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NEIL PATEL at (352) 262-0285
Name of Person 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/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

PATWAL ENTERPRISES, 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 7.1.2016 and assigned Florida document number L16000126345.

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) _____

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

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JUL 1 2016
CLERK OF COURT
STATE OF FLORIDA

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>
MGR	NEIL PATEL	907 SW 88TH ST	<input type="checkbox"/> Add
		GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	NEIL PATEL AND CHRISTINA PATEL, TENANTS BY ENTIRETIES	907 SW 88TH ST	<input checked="" type="checkbox"/> Add
		GAINESVILLE, FL 32607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMIT RAWAL	8813 SW 14TH ROAD	<input type="checkbox"/> Add
		GAINESVILLE, FL 32607	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	AMIT R. RAWAL AND MELISSA RAWAL, TENANTS BY ENTIRETIES	8813 SW 14TH ROAD	<input checked="" type="checkbox"/> Add
		GAINESVILLE, FL 32607	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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JAN 11 2007
CLERK OF STATE
TAMMIE L. FLORES

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

[illegible]

E. Effective date, if other than the date of filing: 7.1.2016 (optional)

(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)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

(b) The 90th day after the record is filed.

Dated JULY 18, 2016

Neil Patel

Signature of a member or authorized representative of a member

NEW PANEL

Typed or printed name of signee

SECRETARY OF STATE
FLORIDA

FILED