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SECRETARY OF STATE OF WALLEY

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## **COVER LETTER**

TO:	Registration Se Division of Cor						
SUBJE		ITES-2, LLC					
SUBJE	C1:	Name of Lim	ited Liability Company				
		Amendment and fee(s) are sub	•				
		MANAN D PATEL					
			Name of Person				
		BANYANITES-2, LLC					
	<del></del>						
		<del></del>	Address				
	JACKSONVILLE, FL 32225						
		mdpatel17@gmail.com	City/State and Zip Code				
			to be used for future annual report notific	cation)			
For furt	her information c	oncerning this matter, please co	all:				
DAKSI	IESH PATEL		904 814-5933 at ()				
	Name o	f Person	Area Code Daytime	Telephone Number			
Enclose	d is a check for th	ne following amount:					
<b>□ \$</b> 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)			
		ING ADDRESS: ation Section	STREET/COURIE Registration Section	R ADDRESS:			

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF.

BANYANITES-2, 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 10-24-2016 and assigned Florida document number \_L16000195900 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 "LLC." 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

## 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>	<b>Type of Action</b>
MGR	DAKSHESH PATEL	979 HYANNIS PORT DRIVE	
		JACKSONVILLE, FL 32225	Remove
			☐ Change
MGR	THOMAS E CUNLIFFE	9803 Creekfront Rd Apt # N 1004	<b>≱</b> Add
		Jacksonville, FL 32256	□ Remove
			☐ Change
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Effective date, if other than the (If an effective date is listed, the date mus Note: If the date inserted in this bl document's effective date on the D	st be specific and cannot be p lock does not meet the ap	prior to date of filing or oplicable statutory fili	more than 90 days a	ptional) ifter filing.) Pursuant to this date will not be	605.02 listed a
the record specifies a delayed ) The 90th day after the rec	d effective date, but ord is filed.	not an effective	time, at 12:0	1 a.m. on the ea	ırlier (
Dated April 11	. 2018	<u> </u>		1 000	
Dated April 11	~~~ P. P	authorized representation	ve of a member	Joseph John	_

Page 3 of 3

Filing Fee: \$25.00