

L17000112927

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 3, 2018

SAI SONI LLC  
12900 GARNET CT  
CLERMONT, FL 34711

SUBJECT: SAI SONI LLC  
Ref. Number: L17000112927

We have received your document for SAI SONI LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a LP, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call: (850) 245-6051.

Dionne M Scott  
Regulatory Specialist II

Letter Number: 418A00013768

RECEIVED  
2018 JUL 18 AM 11:49  
DIVISION OF  
CORPORATIONS  
TALLAHASSEE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SAI SONI

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:

HARDIK R. PATEL

Name of Person

SAI SONI LLC

Firm/Company

12900 GARNET CT,

Address

CLERMONT, FL 34711

City/State and Zip Code

hardikpatel5@gmail.com

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

For further information concerning this matter, please call:

HARDIK R. PATEL

Name of Person

at ( 321 )

Area Code

315 1831

Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

SAISONI 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 05/22/2017 and assigned Florida document number L17000112927.

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:

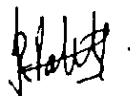
Name of New Registered Agent: HARDIK R. PATEL

New Registered Office Address: 12900 GARNET CT, CLERMONT, FL 34711  
Enter Florida street address

CLERMONT, Florida 34711  
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>
<u>MGR</u>	<u>DUSHYANT M. PATEL</u>	<u>12900 GARNET CT</u>	<input type="checkbox"/> Add
		<u>CLERMONT</u>	<input checked="" type="checkbox"/> Remove
		<u>FL 34711</u>	<input type="checkbox"/> Change
<u>MGR</u>	<u>NITA D. PATEL</u>	<u>12900 GARNET CT</u>	<input type="checkbox"/> Add
		<u>CLERMONT</u>	<input checked="" type="checkbox"/> Remove
		<u>FL34711</u>	<input type="checkbox"/> Change
<u>MGRM</u>	<u>HARDIK R. PATEL</u>	<u>12900 GARNET CT</u>	<input checked="" type="checkbox"/> Add
		<u>CLERMONT</u>	<input type="checkbox"/> Remove
		<u>FL 34711</u>	<input type="checkbox"/> Change
<u>MGRM</u>	<u>ARCHANA H. PATEL</u>	<u>12900 GARNET CT</u>	<input checked="" type="checkbox"/> Add
		<u>CLERMONT</u>	<input type="checkbox"/> Remove
		<u>FL 34711</u>	<input type="checkbox"/> Change
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Add
<u>          </u>	<u>                                  </u>	<u>                                  </u>	<input type="checkbox"/> Remove
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**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.

Dated 7-16-2018

Signature of a member or authorized representative of a member

DUSHYANT M. PATIL

Typed or printed name of signee