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COVER LETTER

FO:	Registration Section		
	Division of Corporations		

SHREE RADHE KRISHNA LLC

SUBJECT:

,

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:

GOPIBEN PATEL

Name of Person

SHREE RADHE KRISHNA LLC

Firm/Company

4600 SUMMERLIN RD # 2

Address

FORT MYERS, FL 33919

City/State and Zip Code

HITECHCLEANERS @ @mail.Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

			at ()	
	Name C	of Person	Atea Code Dayti	me Telephone Number
Er	closed is a check for t	he following amount:		
	\$25.00 Filing Fee	Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy tadditional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUF Registration Sect Division of Corp Clifton Building 2661 Executive C	orations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ÀRTICLES OF ORGANIZATION OF

SHREE RADHE KRISHNA 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 08-15-2017	and assigned
Florida document number L17000174176	

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:			17 <u>î</u>	
(Mailing address MAY BE A POST OFFICE BOX)				
	_		c)	
		·	2	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ds, <u>enter the</u>	nan <u>fè</u> of 5	the new
Name of New Registered Agent:				
New Registered Office Address:				

Enter Florida street address

____. Florida _____

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

⁴ If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added</u> or removed from our records:

MGR = Manager AMBR = Authorized Member

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<u>Title</u>	Name	Address	Type of Action
AMBR	DHANJIBHAI B PATEL	15086 PINE MEADOWS DR #2	🖸 Add
		FORT MYERS FL 33908	Remove
			Change
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			🛛 Add
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			Add
			Remove
			Change

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

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If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

OCTOBER 16

• . •

2017

Signature of a member or authorized representative of a member-

GOPIBEN PATEL

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00