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(Re	equestor's Name)	,
(Ad	Idress)	<u> </u>
(Ad	ddress)	
(Cit	ty/State/Zip/Phone #)
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(Do	ocument Number)	
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COVER LETTER

Division of Corporations	
SUBJECT: ADRB MODEL 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:	
DISHANT PATEL	
Name of Person	
ADRB LLC	
Firm/Company	
901 W. Linebaugh Ate	
Tampa, FL - 33612 City/State and Zip Code foresthill grocen a gmail com E-mail address: (to be used for futbre annual report notification)	
foresthill grocen a gmail com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
DISHANT PATEL at (727) 698 6035 Name of Person Area Code Daytime Telephone Number	_
Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\square\$ \$30.00 Filing Fee \$\square\$ \$55.00 Filing Fee \$\square\$ \$60.00 Filing Fe \$\square\$ \$Certificate of Status \$\square\$ Certified Copy (additional copy is enclosed) \$\square\$ Certified Copy (additional copy is	Status &

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

F	LED
NOV I	2
TALLAHASSE	1050 PM 3 52
JA28E	E. FLORIE

ADRB LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

(A	. Florida Limited Etability Company)	- FLORID
The Articles of Organization for this Limited Liab Florida document number <u>L1700022449</u>		
This amendment is submitted to amend the follow		
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and contain the wor	ds "Limited Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicab	ole:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE Be B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our record	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	, F	lorida
	City	Zip Code
New Registered Agent's Signature, if changing Re-	gistered Agent:	
I hereby accept the appointment as registered provisions of all statutes relative to the proper accept the obligations of my position as registed being filed to merely reflect a change in the recompany has been notified in writing of this change in the recompany has been notified in writing of this change.	and complete performance of my duties, cered agent as provided for in Chapter 605 gistered office address, I hereby confirm to	and I am familiar with and , F.S. Or, if this document is

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
MGR	PATEL, ANIL G	901 w Linebaugh Ave Tampa, FL 33612	
			Remove
			Change
mar	PATEL, MANISHA A	901 W. Linebaugh Are 79mpa, FL-33612	Add
			□ Remove
			Change
			Add
			TALLAHASSEL, FLORITH Remove
			CHETTER PA
			TO Add
			Remove
			☐ Change
			Add
			□ Remove
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an effe lote:	ive date, if other than the cetive date is listed, the date in this ident's effective date on the	nust be specific and canno block does not meet th	ot be prior to date of fine applicable statut	iling or more than 90 cory filing requirement	_ (optional) lays after filing.) Pu ents, this date wil	rsuant to 605.0207 (I not be listed as t
	cord specifies a delay 90th day after the re		but not an effe	ective time, at 1	2:01 a.m. on	the earlier of:
ated .	11/09/2017	,	(D) St	<u> </u>		
		Signature of a morphs	er or authorized repre	esentative of a member	r	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00