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(R	equestor's Name)	
(A	ddress)	
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(C	ity/State/Zip/Phone #	/)
PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
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COVER LETTER

	gistration Sec vision of Corp		•				
SUBJECT.		ST REH LLC					
SOBJECT.	SUBJECT:Name of Limited Liability Company						
The enclose	d Articles of A	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspor	ndence concerning this matter	to the following:				
	SANDEEP PATEL						
			Name of Person				
		PALM COAST REH LLC					
		577 BARNES BLVD. SUI	Firm/Company TE 650				
	Address ROCKLEDGE FL 32955					20	
City/State and Zip Code sandeep915@hotmail.com						2010 DEC	60 L. p. s 1 :
For further i	nformation co	E-mail address: (neerning this matter, please co	to be used for future annual report notifull:	ication)	Sin	7 PH	
SUMMIT S	НАН		321 631-0245			ည	**************************************
	Name of	Person		Telephone Number	D •		
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)			Certified Copy	☐ \$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, FI. 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

PALM COAST REH. LLC

PALMI COAST KEIT, LLC							
(Name of the Limited (A	Liability Compa Florida Limited	ny as it now appears on our records.) Liability Company)					
The Articles of Organization for this Limited Liab Florida document number L17000247656		were filed on 12/04/2017	and assigned				
This amendment is submitted to amend the follow							
A. If amending name, enter the new name of the	he limited liab	oility company here:					
N/A							
The new name must be distinguishable and contain the word	ds "Limited Liabi	lity Company," the designation "LLC" or the	ibbreviation "L.L.C."				
Enter new principal offices address, if applicab	le:	N/A					
Principal office address MUST BE A STREET ADDRESS)		N/A					
- · · · · ·	_	N/A					
Enter new mailing address, if applicable:		N/A					
Mailing address MAY BE A POST OFFICE BO			N/A				
		N/A					
Name of New Registered Agent.		<u>e</u> :	DEC 17 PH				
		Enter Florida street address	<u>ည်း ကြား</u> ပိုင်း ကြားပါး ယ				
	N/A	Florida ^N	War a				

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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	SUMMIT SHAH	402 HIGH POINT DR. COCOA, FLORIDA 32926	
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		12/04/2018					
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ote: If the date inserted in this bloc	k does not m	neet the applic	able statuto	ng or more than ry filing requir	90 days after fili ements, this da	ng.) Pursuan te will not	be listed
cument's effective date on the Dep	artment of S	tate's records.					
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Typed or printed name of signee

Filing Fee: \$25.00