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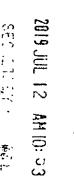
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## **COVER LETTER**

TO:

TO:	Registration of	on Section Corporations		
		SHRI SAI LLC		
SUBJ	ECT:	Name o	of Limited Liability Company	<del>-</del>
The e	nclosed Article	es of Amendment and fee(s) ar	e submitted for filing.	
Please	e return all cor	respondence concerning this m	natter to the following:	
		ALEEM KANJI		
		FINANCIAL ACCOUN	Name of Person	
		730 W COLONIAL DE	Firm/Company R.	
		ORLANDO, FL 32804	Address	
		FINACCTSVC@GMAI		
For fi	irther informat	E-mail addition concerning this matter, ple	ress: (to be used for future annuase call:	al report notification)
HAFI	IZ KANJI, CP	A	407 4	
	N.	ame of Person	Area Code	Daytime Telephone Number
Enclo	sed is a check	for the following amount:		
□ \$:	25.00 Filing F	ee S30.00 Filing Fee & Certificate of Stat		Certificate of Status &
	R D	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327	Registr Divisio	ET/COURIER ADDRESS: ration Section on of Corporations Building

Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OHM SHRI SAI LLC		
( <u>Name of the Limited Liab</u> (A Flori	ility Company as it now appears on our recorda Limited Liability Company)	<u>(18.</u> )
The Articles of Organization for this Limited Liability	Company were filed on 01/08/2018	and assigned
Florida document number L18000006918	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin		動きず
The new name must be distinguishable and contain the words "L	imited Liability Company," the designation "LI.	C" or the abbreviation "L-L.C."
Enter new principal offices address, if applicable:	<u> </u>	
(Principal office address MUST BE A STREET ADL	ORESS)	
		<u>\</u> O
		194
Enter new mailing address, if applicable:		<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad	gistered office address on our record dress here:	ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addr	ess
	, .	Torida
	City	Zip Code
New Registered Agent's Signature, if changing Register		
I hereby accept the appointment as registered agent provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this chang	complete performance of my duties, a agent as provided for in Chapter 605 red office address, I hereby confirm t	and I am familiar with and i, F.S. Or, if this document is

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>	Type of Action
MGRM	FENILKUMAR PATEL	2344 SE 75TH BLVD BUSHNELL, FL 33513	
			Add
			☐ Remove
		····	Change
			Add Femove
			☐ Change
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