L18000083232

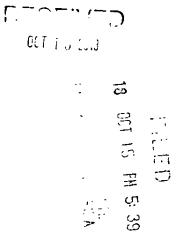
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COVER LETTER

10: Registration Se Division of Cor			
NAVKAR SUBJECT:	OF FLORIDA CITY, LLC		
30D31351.	Name of Lin	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	C.E. PORCH		
		Name of Person	
	SAR OF FLORIDA CITY, LLC		
		Firm/Company	
	SAR OF FLORIDA CITY, LLC Stane of Limited Liability Company		
		Address	
	STUART, FL 4994		
	porchplace(a) aol.com	City/State and Zip Code	
	F-mail address: (to be used for future annual report notif	ication)
For further information of	concerning this matter, please c	all:	
C.E. Porch			
Name (of Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	he following amount:		
■ \$25.00 Filing Fee	~	Certified Copy	Certificate of Status & Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Taltahassee, 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

(Name of the Lin	nited Liability Company as it not A Florida Limited Liability C	ow appears on our records.) onipany)	
The Articles of Organization for this Limited Florida document number L18000083232	Liability Company were file	ed on APRIL 2, 2018	and assigned
This amendment is submitted to amend the fo	llowing:		
A. If amending name, enter the new name	of the limited liability con	ipany here:	ट
The new name must be distinguishable and contain the	words "Limited Liability Compa	my," the designation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if appl	icable:	· · · · · · · · · · · · · · · · · · ·	
Principal office address MUST BE A STRE	ET ADDRESS)		
			- <u>C</u>
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	E BOX)		
3. If amending the registered agent and egistered agent and/or the new registered		dress on our records, enter	the name of the
Name of New Registered Agent:	PREMSARAN A, PATE	ït.	
New Registered Office Address:	333 SE 1st AVE.		
	_	Enter Florida street address	
	FLORIDA CTTY	Florida <u>330</u>)34
	Ciw		Zip Ciric

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New 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 eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change.

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
MGR	PREMSARAN A. PATEL	333 SE I SLAVE, FLORIDA CITY, FL 33034	_
			□ Remove
N/C:D	NIKINKUMAR SHAH	333 SE Ist AVE, FLORIDA	☐ Change
MGR		CITY, FL 33034	■ Add
			☐ Remove
			☐ Change
AMBR	JAYESH PATEL VIVEK PATEL	333 SE 1st AVE, FLORIDA CITY, FL 33034	(€)
			ζ(1 ≣æ move
AMBR	BEJAL PATEL SANJAYKUMAR PATEL	333 SE 1st AVE, FLORIDA	
			■ Remove
			Change
	JIGAR JASANI SHAMIR SHAH	333 SE 1st AVE, FLORIDA CITY,FL 33034	
			■ Remove
			☐ Change
			Add
			■ Remove
			□ Change

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Effective date, if other than the offering the date must Note: If the date inserted in this blo document's effective date on the De-	ck does not meet the applicabl			
ne record specifies a delayed The 90th day after the reco		an effective time, at	12:01 a.m. on the earlie	er of:
SEPTEMBER 18 Dated	2018			
<u> </u>	In /	•		
L 4	og ature of a member or authoriz			

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00