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07/26/19--C1019- CD1 **20.09



COVER LETTER

10: Registration Division of C	Section Corporations		
Akshar SUBJECT:	108 LLC		
	Name of Lin	ifted Liability Company	
The enclosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
	Pratik Patel		
	Akshar108 LLC	Name of Person	· · · · · · · · · · · · · · · · · · ·
	ANSHAI TOO ELC.	Firm/Company	
	2609 E Margate Court		
	Hernando Florida 34442	Address	
	Λ ¬ Δ ¬ D D λ 1	City/State and Zip Code	1.004
		TIK 88 @ 9 Mail to be used for future annual report notifi	ication)
For further information	n concerning this matter, please c	all:	
Pratik Patel Nam	e of Person	at () 216-1480 Area Code Daytime	Telephone Number
		,	.,
Enclosed is a check fo	r the following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Akshar 108 LLC	FILED
(<u>Name of the Limited Liah</u> (A Flori	ility Company as it now appears on our records.) da Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on 05/25/2018 P 39 and assigned
Florida document number L18000131723	SECRETARY OF STATE TALLAHASSEE, FLORIDA
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the lin	mited liability company here:
The new name must be distinguishable and end with the words "I	Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADD	<u>ORESS)</u>
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad	istered office address on our records, <u>enter the name of the new</u> <u>dress here</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	, Florida

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.

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	Mayurika Patel	2609 E MARGATE CT	
			Add
		HERNANDO, FL 34442	Remove
			☐ Change
AMBR	Drupal Patel	13565 SW 40th Circle	
		Ocala Florida 34473	
			□ Remove
			Change
ASION	Pratik Patel	2609 E MARGATE CT	_
		HERNANDO, FL 34442	Add
			□ Remove
	·		□ Add
			_ ■ Remove
			□ Change
			□ Add
			☐ Remove
			☐ Change
·	13.	7.00	
			□ Remove
			☐ Change

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nn effe <u>ote:</u> l	e date, if other than the date of filing: 07/0/2019 (optional) tive date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed it's effective date on the Department of State's records.
reco	and specifies a delayed effective date, but not an effective time, at $12:01$ a.m. on the earlied 00th day after the record is filed.
nted _	07/24/. 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00