

L18000136642

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

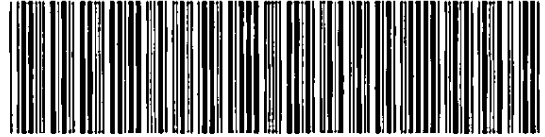
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2018 OCT -1 AM 10:27  
SECRETARY OF STATE  
TOLSON, D. A. 300 71 0000

M. MILLIGAN  
OCT 04 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 8, 2018

SANSKRUTI MANAGEMENT LLC  
ATTN: MANISH R PATEL  
9105 OAK PRIDE CT  
TAMPA, FL 33647

SUBJECT: SANSKRUTI MANAGEMENT LLC  
Ref. Number: L18000136642

We have received your document for SANSKRUTI MANAGEMENT LLC and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

It appears that page 3 is missing from your document which is the page that requires the document to be signed by a member or authorized representative of a member. I have enclosed page 3 of our form to be signed and returned with the complete application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 418A00018623

2018 OCT 11 AM 10:14  
FEDERAL  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Sanskruti Management 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:

Manish R Patel  
\_\_\_\_\_  
Name of Person

Sanskruti Management LLC  
\_\_\_\_\_  
Firm/Company

9105 Oak Pride Ct  
\_\_\_\_\_  
Address

Tampa FL 33647  
\_\_\_\_\_  
City/State and Zip Code

manishrp@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Manish Patel  
\_\_\_\_\_  
Name of Person

813 270-9896  
at (\_\_\_\_\_) \_\_\_\_\_  
Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|---|

**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**

FILED  
2018 OCT -1 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Sanskriti Management LLC

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

The Articles of Organization for this Limited Liability Company were filed on 06/01/2018 and assigned  
Florida document number L18000136642.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

Not Applicable

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

Not Applicable

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new  
registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

**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 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>	<u>Type of Action</u>
AMBR	Shilpa J Patel	5 Worrall Rd	<input checked="" type="checkbox"/> Add
		Plymouth MA 02360	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Saumil Mehta	2959 Winglewood Cir	<input checked="" type="checkbox"/> Add
		Lutz FL 33558	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Shefali S Desai	3106 Winglewood Cir	<input checked="" type="checkbox"/> Add
		Lutz FL 33558	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Yogeshkumar R Patel	1539 E Memorial Blvd	<input checked="" type="checkbox"/> Add
		Lakeland FL 33801	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	BHAVIK VALA	30246 Southernwood Ct	<input checked="" type="checkbox"/> Add
		Wesley Chapel FL 33543	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Tejas Patel	11412 Dutch Iris Dr	<input checked="" type="checkbox"/> Add
		Riverview FL 33578	<input type="checkbox"/> Remove
			<input type="checkbox"/> 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>	<u>Type of Action</u>
AMBR	HarshadKumar Patel	5830 Tulip Flower Dr	<input checked="" type="checkbox"/> Add
		Riverview FL 33578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Alpesh Patel	2029 Abbey Trace Dr	<input checked="" type="checkbox"/> Add
		Dover FL 33527	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nikhil Desai	6702 Thackston Dr	<input checked="" type="checkbox"/> Add
		Riverview FL 33578	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Donil Patel	6511 14th Street	<input checked="" type="checkbox"/> Add
		West Bradenton FL 34207	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	RITABEN M. CHOKSEY	20135 Oak Flower Ave	<input checked="" type="checkbox"/> Add
		Tampa FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	CHETAL PATEL	3307 Mapleridge Dr	<input checked="" type="checkbox"/> Add
		Lutz FL 33558	<input type="checkbox"/> Remove
			<input type="checkbox"/> 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>	<u>Type of Action</u>
AMBR	Vijay Patel	17936 Cachet Isle Dr	<input checked="" type="checkbox"/> Add
		Tampa FL 33647	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ankita Patel	3700 W Tacon St.	<input checked="" type="checkbox"/> Add
		Tampa FL 33629	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Nikhil H Patel	760 Rosemary Cir.	<input checked="" type="checkbox"/> Add
		Bradenton FL 34212	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Sanjay Patel	1209 LA BRAD LANE	<input checked="" type="checkbox"/> Add
		TAMPA FL 33613	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	PAV Properties Inc	2001 Shirley Dr	<input checked="" type="checkbox"/> Add
		Jackson MI 49202	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(If an effective 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 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated Sept 9<sup>th</sup>, 2018

W. J. J. J.  
d representative of a member

MANISH R PATEL

**Filing Fee: \$25.00**

FILED  
2016 OCT -1 AM 10:27  
SECRETARIAT OF STATE  
WASHINGTON, D.C. 20520